

**ADOLESCENT FAMILY LIFE PROGRAM (AFLP)
AND
ADOLESCENT SIBLING PREGNANCY PREVENTION PROGRAM (ASPPP)
FY 2002-03 POLICIES AND PROCEDURES**

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INTRODUCTION

These Policies and Procedures are to be followed for all programmatic and budgetary issues pertaining to the Adolescent Family Life Program (AFLP) and Adolescent Sibling Pregnancy Prevention Program (ASPPP) in conjunction with the Scope of Work and the May 2000 Program Standards. This manual is subject to revision throughout the fiscal year. As changes occur, all AFLP/ASPPP providers will be notified in writing by means of an AFLP/ASPPP Policy Letter. A new AFLP/ASPPP Policies and Procedures Manual will be issued at the beginning of each fiscal year.

PROGRAM

STANDARDS IMPLEMENTATION DOCUMENT

Policy

Each agency will develop and maintain a Standards Implementation Document (SID) (refer to the glossary for definition) that is consistent with the most recent versions of the AFLP and ASPPP Standards, Scope of Work, and the AFLP/ASPPP Policies and Procedures Manual. Agencies that provide AFLP **and** ASPPP services shall develop and maintain an SID for each program.

Procedure

1. The SID (s) must adhere to the guidelines and format in the statewide AFLP & ASPPP Standards as stipulated in policy letter dated September 9, 1997 (see Appendix A)
2. The SID (s) and any subsequent revisions must be submitted to the Maternal and Child Health (MCH) Branch for approval. Revisions must be received by January 31st of each fiscal year. If there are no revisions, Form 5 indicating such must be submitted by January 31st of each year.
3. The SID (s) will reflect current practices of the agency and strategies in working with the target population.
4. The SID (s) will be available to all staff at the agency as guidance for the consistent application of policies and procedures.
5. The SID (s) should be reviewed by the agency on an annual basis and revised as needed by the AFLP/ASPPP Director or a designee of the agency.

Note: The state assigned Program Consultant will provide technical assistance in developing Standards Implementation Documents for AFLP/ASPPP providers upon request. Program Consultants will review the SID document during site visits to the agencies.

MINIMUM QUALIFICATIONS AND APPROVAL OF DIRECTOR

Policy

Each agency will designate a project director (see glossary for definition of project director) to administer the AFLP and ASPPP. The project director shall meet the following requirements:

- possess a Master's Degree from an accredited college or university program in Social Work, Public Health, Nursing, Education, Health Education, or other related health or social science field;
- be knowledgeable about community organization and resource development;
- demonstrate an understanding of normal growth and development of children throughout their life span, with special knowledge of adolescent development;
- demonstrate an understanding of issues and interventions for teen pregnancy prevention and teen pregnancy/parenting;
- demonstrate theoretical knowledge and practice in the area of case management;
- possess strong leadership skills with a minimum of two years managerial and/or supervisory experience in a health or social services setting;
- demonstrate organizational and interpersonal skills needed to work in complex situations;
- demonstrate awareness and ability to address the culturally unique needs of the target population.

Note: This policy applies to all Project Directors appointed after June 30, 2001.

Procedure

1. The agency must obtain approval for the project director from the state assigned Program Consultant **prior** to appointment. This includes submission of the candidate's resume, curriculum vitae or application, along with the job description/duty statement, and agency organizational chart showing location of the AFLP/ASPPP director.

- 1.1 Send a request for approval to the state assigned Contract Manager and Program Consultant at the following addresses:

Maternal & Child Health Branch
Attn:(Contract Manager's Name)
Operations Section
714 P Street, Room 708
Sacramento, CA 95814

Maternal & Child Health Branch
Attn:(Program Consultant's Name)
Program Policy Section
714 P Street, Room 750
Sacramento, CA 95814

Note: The initial request may be submitted by email or fax with formal correspondence to follow.

2. The agency must notify the MCH Branch in writing prior to any changes (e.g. – FTE, etc.) related to the AFLP/ASPPP director position. (See policy regarding job descriptions/duty statements.)
 3. The MCH Branch reserves the option to base continuation of funding on the agency's capacity to recruit and retain a qualified individual as the AFLP/ASPPP director.

Project Director Waiver Standards

Policy

In the event that the agency has exhausted all avenues for recruitment and is unsuccessful in attempts to recruit a project director who meets all of the requirements described above, a request for waiver must be submitted to the MCH Branch for consideration.

Minimum waiver standards:

- possess a Bachelor's Degree from an accredited college or university program in Social Work, Health Services Administration, Nursing, Education, Health Education, or other related health or social science field;
- be knowledgeable about community organization and resource development;
- demonstrate an understanding of normal growth and development of children throughout their life span, with special knowledge of adolescent development;
- demonstrate an understanding of issues and interventions for teen pregnancy prevention and teen pregnancy/parenting;
- demonstrate theoretical knowledge and practice in the area of case management;
- possess strong leadership skills with a minimum of five years experience in a health or social services setting with three years managerial and/or supervisory experience. One year of post-baccalaureate Masters level education in a related field may be substituted for one year of managerial and/or supervisory experience;
- demonstrate organizational and interpersonal skills needed to work in complex situations;
- demonstrate awareness and ability to address the culturally unique needs of the target population.

Procedure

1. The agency must obtain approval for the project director from the state assigned Program Consultant **prior** to appointment. This includes submission of the candidate's resume, curriculum vitae or application, along with the job description/duty statement, and agency organizational chart showing location of the AFLP/ASPPP director.

- 1.1 Send a request for approval to the state assigned Contract Manager and Program Consultant at the following addresses:

Maternal & Child Health Branch
Attn:(Contract Manager's Name)
Operations Section
714 P Street, Room 708
Sacramento, CA 95814

Maternal & Child Health Branch
Attn:(Program Consultant's Name)
Program Policy Section
714 P Street, Room 750
Sacramento, CA 95814

Note: The initial request may be submitted by email or fax with formal correspondence to follow.

2. A copy of the Waiver approval for project director must be submitted with the agency's Application for Allocation or Grant Application.
 - 2.1 The waiver is granted for a particular person and remains in place only as long as that person occupies the position for which the waiver was approved. If the person for whom the waiver was issued changes position or leaves employment with the agency, the waiver is void and the requirement reverts to the policy for minimum qualifications and approval of the director as outlined above.

ORGANIZATION CHART AND JOB DESCRIPTION/ DUTY STATEMENT

Policy Each agency will maintain an organizational chart and written job descriptions/duty statements and minimum qualifications for all staff positions working in AFLP/ASPPP.

Procedure

1. The written job descriptions/ duty statements shall include:
 - 1.1 Position title or name by which the position is identified.
 - 1.2 Scope of responsibilities and duties for the position.
 - 1.3 Qualifications, including the necessary education or competencies, years of experience, and other pertinent information.
2. The agency will submit organizational charts, job descriptions/duty statements and staff qualifications for each classification to the MCH Branch for approval:
 - 2.1 With the application (RFA) for funding.
 - 2.2 When there are changes in the organizational structure or staffing patterns.
 - 2.3 When existing job descriptions/duty statements are revised.

STATEWIDE DIRECTOR'S MEETINGS

Policy Each agency's director shall attend all scheduled statewide directors' meetings.

Procedure

1. The MCH Branch will notify each director of the date, time, and location of the meetings.
2. In the event of an emergency, directors who cannot attend the scheduled meeting must select a designee to attend in their place and notify the state assigned Program Consultant.
3. MCH Branch will reimburse each director or designee for allowable travel costs.
4. All travel claims will be submitted to the designated MCH staff for reimbursement as stipulated by written information prior to the meeting.
 - 4.1 Any claim for reimbursement of less than \$10.00 should be combined with the travel claim for the following meeting.
5. Each attendee is required to sign in at the meetings in order to claim for travel reimbursement.

EDUCATION AND TRAINING

Policy Each agency will maintain an AFLP/ASPPP related education and training program for staff.

The agency's educational program will include the following:

- program orientation,
- training Needs Assessment,
- on-going in-service education based on the training needs assessment.

Procedure

1. Documentation of the training needs assessment will be kept on file at the agency.
2. Documentation of the education and training conducted, including program content and attendees will be kept on file at the agency.

QUALITY ASSURANCE

Policy Each agency must develop and maintain a continuous quality assurance (QA) plan and activities.

Procedure

1. The plan for QA must include, but not be limited to, the following:
 - 1.1 Development of key processes with objectives that insure delivery of quality, safe, and effective case management services for clients in accordance with AFLP and ASPPP standards
 - 1.2 Periodic (no less than annual) review of progress towards achieving desired objectives for quality assurance.
2. The agency's plan and activities for maintaining quality assurance shall be documented in the Standards Implementation Document.
3. The agency shall maintain documentation of quality assurance activities on file at the agency.

SYSTEMS OF CARE/ NETWORKING

Policy Each agency will work with MCH and other State and local agencies to develop comprehensive systems of care. This includes the definition, development, coordination, and integration of systems that support and assist AFLP Clients and ASPPP Clients and their families.

Each agency will coordinate a seamless system of care between AFLP, ASPPP, Cal- Safe, Cal-Learn, Office of Family Planning Teen Pregnancy Prevention Programs and other programs focusing on adolescent health and teen pregnancy prevention.

Each agency will collaborate with a service network of local providers

Procedure

Network activities should include:

1. recruiting network providers,
2. participation in network activities at least on a quarterly basis,
3. maintaining documentation of network activities, including but not limited to a roster of network participants, meeting agendas and meeting minutes in agency files,
4. development of formal and/or informal agreements with network participants.
 - 4.1. Formal agreements, Interagency Agreements (IA) or Memorandum of Understanding (MOU) that are developed will consist of the following:
 - 4.1.1 services to be provided,
 - 4.1.2 responsibilities of the agencies involved,
 - 4.1.3 effective dates of the IA/MOU,
 - 4.1.4 titles or position of staff responsible for carrying out the services,
 - 4.1.5 signatures of agency administrators from participating agencies,
 - 4.1.6 provision for periodic review and update,
 - 4.1.7 copies of the agreement(s) shall be retained in agency files.
5. Reporting substantial changes in the service network to the MCH Branch in the Semi-Annual Report.

CLIENTS' RIGHTS

Client Consent Policy

AFLP and ASPPP are voluntary programs that require clients' informed consent to participate.

- Each agency must have a completed consent form signed by the client in the client's record stating the agreement to voluntarily participate in AFLP or ASPPP.
- Client consent to participate in AFLP is governed by statutes relative to minor consent for treatment and/or participation in programs for pregnant and/or parenting teens.
- Parental or guardian consent is required for clients participating in ASPPP. If parental or guardian consent cannot be obtained, clients may be eligible to receive case management for services covered under minor consent statutes.

Note: See California Family Code Sections 6920 through 6929 and other sections of California Code that address minor consent issues.

Procedure

1. Each agency will have a signed and dated consent form in the client record. The completed consent form will include:
 - 1.1. Client's Name.
 - 1.2. Signature of the client and/or parent or guardian.
 - 1.3. A statement of the services that will be provided.
 - 1.4. A statement of the agencies responsibilities to the client.
 - 1.5. Explanation of agency's grievance process and procedures.
 - 1.6. Explanation of clients' right to withdraw.
 - 1.7. A statement indicating that all information on the consent was communicated in the Clients' primary language.

Note: Agencies may provide a statement of agency responsibilities to the client as a separate document (e.g. Client Bill of Rights). The agency grievance process and procedures may also be a separate document.

Client Confidentiality Policy

Each agency will maintain confidentiality for clients and client records except as prescribed by law. All client information is considered confidential except in certain, clearly defined circumstances (refer to policy and procedure for Mandatory Reporting).

Procedure

1. The client record, including all copies, should be kept in a secure location that is inaccessible to unauthorized persons.
2. Prior to release of any client information, each agency will have a release of information in the client record. The release of information must include:
 - 2.1. client's Name,
 - 2.2. client's Signature,
 - 2.3. names of all agencies to which client information may be released,
 - 2.4. time-frames for which release of information is valid (not to exceed 24 months).

AFLP ENTRY/EXIT CRITERIA**Entry Policy**

Agencies may enroll adolescent females through age 18 years who are pregnant or parenting. Agencies may enroll adolescent males through age 20 years who are either parenting or expectant fathers. The potential Client must be actively involved in her/his child's life.

Procedure

Based on program risk factors, agencies will assess and prioritize clients for enrollment (see policy and procedure for Client Risk Factors).

Exit**Policy**

Clients will be exited from the program based on criteria specified in the AFLP Standards. These include clients who:

- move out of the area,
- cannot be contacted for three consecutive months,
- have attained age 20 for females and age 21 for males,
- requests termination,
- have accomplished program goals,
- choose not to complete goals at this time,
- no longer need AFLP services,
- are no longer pregnant or parenting.

Procedure

1. The agency will document its process for exiting clients from the program in the Standards Implementation Document.
 - 1.1 The exit process should include development of an exit/transition plan for each client whenever possible.
2. Case Managers must document the reason for exit in the client's chart, and complete the appropriate Lodestar form.

**ASPPP ENTRY/EXIT
CRITERIA****Entry****Policy**

ASPPP services shall be provided for adolescents age 11 through 18 who are the non-pregnant/non-parenting siblings of AFLP or Cal-Learn clients. ASPPP clients shall be limited to two (2) siblings per AFLP or Cal-Learn family. A sibling may not enter the program after the AFLP or Cal-Learn adolescent has exited the program. A sibling may enter the program if s/he is on a waiting list at the time the AFLP or Cal-Learn client exits.

Procedure

Based on program risk factors, the agency will assess and prioritize clients for enrollment.

Exit**Policy**

Clients will be exited from the program based on criteria specified in the AFLP Standards. These include clients who:

- move out of the area,
- cannot be contacted for three consecutive months,
- have attained age 19 for both males and females,
- have accomplished ISP goals,
- requests termination,
- choose not to complete goals at this time,
- no longer need ASPPP services,
- become pregnant (within 30 days of confirmation).

If the AFLP/Cal-Learn client exits the program, the sibling who is currently enrolled in the ASPPP component may continue to receive services until they meet exit criteria.

Procedure

1. The agency will document its process for exiting clients from the program in the Standards Implementation Document.
 - 1.1 The exit process should include development of an exit/transition plan for each client whenever possible.
2. Case Managers must document the reason for exit in the client's chart, and complete the appropriate Lodestar form.

CLIENT RISK FACTORS FOR AFLP AND ASPPP

Policy

Agencies must establish risk factors to determine acuity and prioritize clients for entry to AFLP or ASPPP. Risk factors shall include, but not be limited to the following:

AFLP	ASPPP
<ul style="list-style-type: none"> • Age • African American • Chronic Health Conditions (diabetes, asthma, eating disorders, etc.) • Pregnancy • Sexually Active • Parental Involvement • Home Environment (unsafe/unstable) • Housing (living arrangements) • Substance abuse/use • Mental Health Issues • Physical risk/harm to self or others. • Problem Behavior • Academic Failure • No Prenatal care or Late entry into prenatal care • Juvenile Justice • Gang Involvement 	<ul style="list-style-type: none"> • Age • Latino/Latina • Chronic Health Conditions (diabetes, asthma, eating disorders, etc.) • Sexually Active • Parental Involvement • Home Environment (unsafe/unstable) • Housing (living arrangements) • Substance abuse/use • Mental Health Issues • Physical risk/harm to self or others. • Problem Behavior • Academic Failure • Juvenile Justice • Gang Involvement

Procedures

1. Prioritize and weigh risk factors based on local needs.
2. Risk factors must be documented in the Standards Implementation Document.

Note: The intent of AFLP is to continue to give high priority to younger clients. Procedures for intake should reflect the emphasis on serving at risk young adolescents.

DOCUMENTATION AND RECORDKEEPING

Policy Each agency will ensure that records are maintained for each client reflecting all services provided and contacts made.

A client record shall include, but not be limited to the following:

- consents,
- release of Information,
- assessments,
- all quarterly Individual Service Plans,
- lodestar Forms,
- progress Notes.

Procedure

1. The documentation in the client progress notes must include but not be limited to:
 - 1.1. Date, time, site of contact, name of contacted person and affiliation.
 - 1.2. The name and title of the person making the contact.
 - 1.3. Details, including the ongoing assessment, intervention, referrals, follow-up and outcomes.
 - 1.4. Client responses to interventions.
2. Documentation must occur within one week after the client contact.
3. Commonly used abbreviations and acceptable terminology must be defined in the agency Standards Implementation Document.

Policy Each agency shall maintain a system for storage and retrieval of all client records.

Procedure

1. The client record, including all copies, should be kept in a secure location that is inaccessible to unauthorized persons.
 - 1.1. The original record may not be removed from the program site.
2. Client records should be kept for a minimum of three (3) years from the date of final payment under the contract.

MANDATORY REPORTING PROCEDURES

Policy

Each agency shall have procedures in place that clearly define mandatory reporting requirements for the protection of clients.

Procedure

1. All reportable incidents (abuse, violence related) covered by these requirements shall be reported to the appropriate local agency.
2. Training on mandatory reporting shall be provided to all staff at orientation and updated as required by law.
 - 2.1. The training shall cover the reporting procedures as dictated by current Federal and State law and regulations and include the following:
 - 2.1.1 issues of sexual, physical, emotional, psychological abuse of children;
 - 2.1.2 dependent adult abuse;
 - 2.1.3 domestic/relationship violence; and
 - 2.1.4 access to local systems that address abuse issues.

REPORTING UNUSUAL INCIDENTS

Policy

Each agency will notify the MCH Branch of any unusual incidents or occurrences that may impair/compromise the agency's capacity to deliver services to clients. Notification should include the nature of the reportable incident and a proposed plan for the continuation of services.

Procedure

1. The program director will notify the MCH Branch Program Consultant and Contract Manager at the earliest opportunity following the occurrence of the incident by telephone and in writing.
2. Occurrences or incidents requiring possible MCH Branch intervention may include but are not limited to the following:
 - 2.1. Damage to the program site such as fire or other destruction.
 - 2.2. Inappropriate or unprofessional behavior by a case manager or other staff to the extent that services are impacted.
 - 2.3. Legal action against the agency.

MONTHS OF SERVICE

Policy

Each agency shall negotiate with the MCH Branch the maximum number of months of service to be provided each fiscal year of the grant or allocation period. The contracted number of months of service shall be equivalent to the allocated number of client-slots (see glossary for definition of client-slots) times 12 months.

The agency will provide 100% of the negotiated months of service each fiscal year of the grant or allocation period.

In order to meet the total contracted months of service, the agency will provide 12 months of *continuous* case management services for each client-slot.

Procedure

When a client exits the program, the agency will do outreach and case finding to refill the vacant client-slot.

Each agency will track the number of clients and months of service provided through the Lodestar management information system (MIS).

PROGRAM COMPLIANCE

Policy

When an agency is determined to be non-compliant with contract requirements, the agency will receive written notification from the MCH Branch requesting a Corrective Action Plan, and the MCH Branch may withhold payment of invoices.

Procedure

1. The agency shall submit a written Corrective Action Plan to the MCH Branch within a specified time frame as determined by the state assigned Program Consultant.

1.1 Send a request for approval to the state assigned Contract Manager and Program Consultant at the following addresses:

Maternal & Child Health Branch
Attn:(Contract Manager's Name)
Operations Section
714 P Street, Room 708
Sacramento, CA 95814

Maternal & Child Health Branch
Attn:(Program Consultant's Name)
Program Policy Section
714 P Street, Room 750
Sacramento, CA 95814

1.2. The Corrective Action Plan will be reviewed by the Program Consultant and discussed with MCH Branch management.

1.3. If the Corrective Action Plan is accepted, the agency will be notified and payment of invoices will be made in a timely manner.

1.4. If the Corrective Action Plan is not accepted by the MCH Branch:

1.4.1 The agency will be provided with recommendations for the resolution of the identified issues.

1.4.2 Payment of the invoices may be delayed until a Corrective Action Plan is approved.

CORRESPONDENCE

Policy Fiscal correspondence shall be addressed to the state assigned MCH Contract Manager. Program correspondence shall be addressed to the state assigned Program Consultant.

Procedure All correspondence will reference the agency's grant or allocation number.

WAIVER REQUESTS

Policy A waiver of AFLP/ASPPP requirements may be granted under certain circumstances.

Procedure Waiver requests must be submitted in writing to the state assigned Program Consultant and Contract Manager.

1. Waiver requests must include the following:
 - 1.1 The nature of the proposal.
 - 1.2 Rationale/justification for the proposal and objectives to be accomplished during the waiver period. For Project Director, submit candidate's resume, curriculum vitae or application, along with the job description/duty statement, and agency organizational chart showing location of the AFLP/ASPPP director.
 - 1.3 The anticipated timeline for the waiver period. The Project Director waiver is granted for a particular person and remains in place only as long as that person occupies the position for which the waiver was approved. If the person for whom the waiver was issued changes position or leaves employment with the agency, the waiver is void and the requirement reverts to the policy for minimum qualifications and approval of the director as outlined in "Minimum Qualifications And Approval of Director".
 - 1.4 The initial request may be submitted by email or fax with formal correspondence to follow.

Send the waiver request to the state assigned Contract Manager and Program Consultant at the following addresses:

Maternal & Child Health Branch
Attn:(Contract Manager's Name)
Operations Section
714 P Street, Room 708
Sacramento, CA 95814

Maternal & Child Health Branch
Attn:(Program Consultant's Name)
Program Policy Section
714 P Street, Room 750
Sacramento, CA 95814

CASE MANAGEMENT

Policy Agencies will utilize the California Department of Health Services, Maternal & Child Health case management model for the provision of services to AFLP and (if funded) ASPPP clients. Case manager caseloads shall not exceed 40 clients per one (1) full-time equivalent case manager.

Procedure Each agency will provide the following for each Client:

1. intake,
2. baseline assessment,
3. individual service plan (ISP) (see policy and procedure for ISP),
4. referrals for needed services based on those identified during the assessment process and prescribed in the ISP,
5. monthly face-to-face contact with clients in accordance with the agency's SID,
6. quarterly home visits,
7. advocacy,
8. monitoring,
9. evaluation of Client Progress.

INDIVIDUAL SERVICE PLAN

Policy An Individual Service Plan (ISP) will be in place for each AFLP and/or ASPPP client.

Procedure

1. The ISP will be completed within 60 days of the client's consent to participate in the program.
2. The ISP will be reviewed and revised at least quarterly.
3. The ISP will be developed by the case manager in collaboration with the client in the Clients' primary language.
4. The ISP will include goals, objectives, activities and timelines.
5. The case manager and the client will implement the activities in the ISP.
6. The case manager will monitor and evaluate progress of the goals and objectives in the ISP.
7. A copy of the ISP signed by the Client and Case Manager will be in the case file and given to each Client.

BASELINE ASSESSMENT

Policy

A Comprehensive Baseline Assessment (CBA) will be in place for each AFLP and ASPPP client.

Procedure

1. The Baseline Assessment must be completed within 30 days of the client's consent to participate.
2. The Comprehensive Baseline Assessment must include, but not be limited to, the following elements:

AFLP	ASPPP
<ul style="list-style-type: none">• General Health• Nutrition• Family Planning/Health Education• Pregnancy, labor, birth and postpartum, as applicable• Education/Vocation• Life Skills• Employment/Job Training• Fatherhood, as applicable• Psychosocial (basic needs including financial/legal, drug and alcohol history, mental health history)• Safety/violence/abuse• Index child, as applicable• Parenting Education/Child Development, as applicable• Social Programs/Special Interests• Religious Community Involvement	<ul style="list-style-type: none">• General Health• Nutrition• Family Planning/Health Education• Education/Vocation• Life Skills• Employment/Job Training• Psychosocial (basic needs including degree of parental supervision, financial/legal, drug and alcohol history, mental health history)• Safety/Violence/Abuse• Social Programs/Special Interests• Religious Community Involvement

Note: See Appendix B for the suggested AFLP CBA format and instructions and Appendix C for the suggested ASPPP CBA format and instructions.

3. Baseline Assessments shall be documented in each client's chart.

State of California
Health and Human Services Agency
AFLP Contractor/Agency:
Contract/Allocation Numbers: #

Department of Health Services
Maternal and Child Health Branch

EXHIBIT B
SCOPE OF WORK

The AFLP grantee/agency shall work toward achieving the following goals and will accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

Goal No. 1 Specify: To define, coordinate and integrate systems of care that support and assist pregnant and parenting adolescents and their children.

Measurable Objectives	Implementation Activities	Timeline	Method(s) of Evaluating Process and/or Outcome of Objective (s)
1. In accordance with the AFLP Standards, the AFLP grantee/agency will collaborate with a network of local service providers	1a. Program director or designee will identify and recruit network providers.	07/01/02-06/30/03	1a. Changes in network providers will be identified in the semi-annual reports postmarked by 01/31/03 and 07/31/03.
	1b. Program director or designee will maintain and/or develop collaborative relationships with Teen Pregnancy Prevention and Adolescent Health programs as well as other appropriate service providers.		1b. Documentation of network collaborative activities is maintained in AFLP grantee/agency's files and Semi-Annual progress reports.
	1c. Program director or designee will participate at least quarterly in collaborative, community network activities that address the comprehensive needs and services for pregnant and parenting adolescents and their children.		1c. Maintain network coordination documentation, summaries and or minutes of meetings attended in AFLP grantee/agency's file.
2. AFLP grantee/agency will help develop and integrate comprehensive systems of care for children and adolescents.	2a. AFLP grantee/agency will work with MCH and other State and local agencies to develop comprehensive systems of care.	07/01/02-06/30/03	2a. AFLP grantee/agency will give input, as requested by MCH. Documentation will be maintained in AFLP grantee/agency's files.
	2b. AFLP grantee/agency will make itself available to help develop and integrate state and local initiatives for comprehensive systems of care for children and adolescents, such as managed care plans, educational systems, and welfare reform.		2b. Documentation will be maintained in AFLP grantee/agency's files.
	2c. AFLP grantee/agency will facilitate appropriate referral or transfer of clients to Cal-Learn and/or other community resources.		2c. Documentation of referral and/or transfer will be maintained in clients' records.

State of California
 Health and Human Services Agency
 AFLP Contractor/Agency:
 Contract/Allocation Numbers: #

Department of Health Services
 Maternal and Child Health Branch

EXHIBIT B
 SCOPE OF WORK

Goal No. 2 Specify: To enhance the health, educational achievement, economic, personal and societal integration and independence of pregnant and parenting adolescents through case management.

Measurable Objectives	Implementation Activities	Timeline	Method(s) of Evaluating Process and/or Outcome of Objective (s)
1. In accordance with AFLP Standards, AFLP grantee/agency will provide a minimum of months of service to eligible adolescents and their children who are not enrolled in Cal-Learn as measured by the Lodestar Management Information System (MIS).	1a. AFLP clients and their children will be assigned a primary case manager and receive all the components within the minimum standards of case management which include, but are not limited to <ul style="list-style-type: none"> • outreach and case finding • intake • assessment • written individual service plan (ISP), reviewed and revised as needed at least quarterly • implementation of ISP • monitoring, evaluation of ISP • advocacy • monthly client contact • quarterly home visits 	07/01/02-06/30/03	1a. Case managers will maintain individual client records which include: <ul style="list-style-type: none"> • current signed and dated consent forms • completed release of information forms, as needed, which include agency, purpose, and time limit for sharing records • intake information • assessments • ISP and updates • referral documentation • case notes, summaries signed and dated • case conferences documentation • exit summary
	1b. AFLP grantee/agency will utilize the Lodestar Management Information System (MIS) to track client count and calculate months of service.	07/01/02-06/30/03 Quarterly	1b. AFLP grantee/agency will submit the Lodestar Caseload Analysis Report and Lodestar Months of Service Report within 30 days of the end of each quarter to MCH.

State of California
 Health and Human Services Agency
 AFLP Contractor/Agency:
 Contract/Allocation Numbers: #

Department of Health Services
 Maternal and Child Health Branch

EXHIBIT B
 SCOPE OF WORK

Goal No. 2 **Specify: To enhance the health, educational achievement, economic, personal and societal integration and independence of pregnant and parenting adolescents through case management.**

1. (continued)	1c. AFLP grantee/agency will utilize the Lodestar Management Information System (MIS) each month to ensure that all current activity is reflected on the disk sent to MCH, or designee.		1c. AFLP grantee/agency to submit disk to MCH, or designee, on a monthly basis. Disk to be received no later than the 10th day of the following month.
2. In accordance with AFLP Standards, AFLP grantee/agency will maintain and update the program Standards Implementation document.	2. AFLP grantee/agency will maintain and revise as appropriate program Standards Implementation document to reflect the current operating practices of the program.	07/01/02-06/30/03	2a. The program Standards Implementation document revisions or Form 5 indicating that no revisions are required will be submitted to MCH by 01/31/03.
		07/01/02-06/30/03 Quarterly	2b. The program Standards Implementation document will be updated and maintained at the AFLP grantee/agency's site.
3. AFLP grantee/agency will maintain qualified staff to provide case management services to no more than 40 clients per full-time equivalent (FTE) case manager per month. This limit will include clients served by each case manager, regardless of whether the clients are AFLP, Cal-Learn or ASPPP clients.	3a. AFLP grantee/agency will maintain updated personnel list, including name, position and total FTE percent in AFLP, ASPPP, and Cal-Learn combined for each case manager.		3a. AFLP grantee/agency will provide current personnel and FTE list to State AFLP program staff within 30 days of the end of each quarter.
	3b. AFLP grantee/agency will provide each employee with a clear job description, AFLP agency program Standards Implementation document, and an opportunity for consultation and/or supervision.		3b. AFLP grantee/agency will maintain file of job descriptions and documentation of annual employees' evaluation.

State of California
Health and Human Services Agency
AFLP Contractor/Agency:
Contract/Allocation Numbers: #

Department of Health Services
Maternal and Child Health Branch

EXHIBIT B
SCOPE OF WORK

Goal No. 2 Specify: To enhance the health, educational achievement, economic, personal and societal integration and independence of pregnant and parenting adolescents through case management.

4. Aggregate AFLP clients served by the program will not exceed 40 clients per 1.0 FTE AFLP case manager.	4. AFLP grantee/agency will provide a quarterly report of aggregate FTE AFLP case manager position and aggregate caseload count for the AFLP.		4. Quarterly, AFLP grantee/agency will submit a report of current aggregate FTE AFLP case manager positions and current aggregate AFLP caseload count to State AFLP program staff as of the end of each quarter. This report is due within 30 days of the end of the quarter.
5. AFLP grantee/agency provides job related training and technical assistance (TA) for AFLP staff annually.	5a. AFLP grantee/agency will identify training and TA needs of AFLP staff.		5a. Training and TA needs of AFLP staff will be identified in the semi-annual reports.
	5b. AFLP grantee/agency will obtain/provide training and TA for AFLP staff.		5b. Training and TA provided to AFLP staff will be reported in the semi-annual reports.
6. AFLP program director and/or coordinator will participate in MCH training and TA as designated by MCH.	6. Program director and/or coordinator will attend MCH Branch training.		6. Document attendance in semi-annual report.

State of California
Health and Human Services Agency
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Department of Health Services
Maternal and Child Health Branch

EXHIBIT B
SCOPE OF WORK

Goal No. 3 Specify: To promote implementation of the State MCH 5-Year Plan and attainment of its goals and objectives.

Measurable Objectives	Implementation Activities	Timeline	Method(s) of Evaluating Process and/or Outcome of Objective (s)
1. Promote primary and preventative health care utilization by pregnant and parenting adolescents and their children.	1a. Case managers will assure a comprehensive baseline assessment is completed.	07/01/02-06/30/03	1a. Assessments documented in clients' charts.
	1b. AFLP grantee/agency agrees to collect Lodestar adolescent health data.		1b. Submit to MCH via Lodestar MIS as requested.
	1c. Case managers will monitor immunization status of adolescents and index children and promote and record increases in age appropriate immunizations based on the current State Immunization Branch Guidelines.		1c. Submit to MCH via Lodestar MIS.
	1d. Case managers will assist in identifying and accessing a primary health care provider for each client & her/his children. Lack of access to an identified provider or inability to identify a provider will be documented.		1d. Primary health care provider or identified barrier to care will be documented in client's chart.

EXHIBIT B
 SCOPE OF WORK

Goal No. 3 Specify: To promote implementation of the State MCH 5-Year Plan and attainment of its goals and objectives.

1. (continued)	<p>1e. Case manager activities will focus on the following, but are not limited to (as determined by the needs of the client)</p> <p>Prevention of:</p> <ul style="list-style-type: none"> • Poor Perinatal Outcomes (Low Birth Weight, Birth Defects, Infant Mortality, Maternal Mortality) • Violence • HIV/AIDS • Injury (Intentional/Unintentional) • Substance Abuse (Alcohol, Drugs, Tobacco, including children's exposure to second hand smoke) • Sexually Transmitted Infections • Unplanned Repeat Pregnancy <p>Promotion of:</p> <ul style="list-style-type: none"> • Breastfeeding • General Health • Family Planning • Early & Consistent Prenatal Care • School attendance when appropriate • Educational achievement • Well-child care • Age appropriate immunizations 		1e. Health education, counseling, referral and/or participation in prevention/ health promotion activities will be documented in the client chart.
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EXHIBIT B
 SCOPE OF WORK

The ASPPP grantee/agency shall work toward achieving the following goals and will accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

Goal No. 4 **Specify: To define, coordinate, and integrate systems of care that support and assist in the prevention of pregnancy and other at-risk behaviors with adolescent siblings of pregnant and parenting adolescents.**

Measurable Objectives	Implementation Activities	Timeline	Method(s) of Evaluating Process and/or Outcome of Objective (s)
1. In accordance with the Adolescent Sibling Pregnancy Prevention Program (ASPPP) Standards, the ASPPP grantee/agency will collaborate with a network of local service providers that serve the health, social, and educational needs of youth ages 11 through 18.	1. Program director or designee will: 1a. Identify and recruit network providers.	07/01/02-06/30/03	1a. Changes in network providers will be identified in semi-annual reports post-marked by 01/31/03 and 07/31/03.
	1b. Maintain and/or develop collaborative relationships with Teen Pregnancy Prevention and Adolescent Health programs as well as other appropriate service providers.		1b. Documentation of network collaborative activities will be maintained in ASPPP grantee/agency's files and Semi-Annual progress reports.
	1c. Participate at least quarterly in collaborative, community network activities that address the comprehensive needs and services for siblings.		1c. Document network coordination activities, i.e., summaries and/or minutes of meetings attended, in ASPPP grantee/agency's files.
2. ASPPP grantee/agency will help develop and integrate comprehensive systems of care for siblings.	2a. ASPPP grantee/agency will work with MCH and other State and local agencies to develop comprehensive systems of care.		2a. ASPPP grantee/agency will provide input, as requested by MCH. Documentation will be maintained in ASPPP grantee/agency's files.

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EXHIBIT B
SCOPE OF WORK

Goal No. 4 Specify: To define, coordinate, and integrate systems of care that support and assist in the prevention of pregnancy and other at-risk behaviors with adolescent siblings of pregnant and parenting adolescents.

2. (continued)	2b. ASPPP grantee/agency will be available to help develop and integrate state and local initiatives for comprehensive systems of care for siblings, such as managed care plans educational systems, and welfare reform.		2b. Documentation will be maintained in ASPPP grantee/agency's files.
	2c. Facilitate appropriate referral to other community resources.		2c. Documentation of referral will be maintained in clients' record.

EXHIBIT B
 SCOPE OF WORK

Goal No. 5 Specify: To enhance the health, educational achievement, economic, personal, and societal integration and independence of siblings of pregnant and/or parenting adolescents through case management that enables them to avoid an early and unplanned pregnancy.

Measurable Objectives	Implementation Activities	Timeline	Method(s) of Evaluating Process and/or Outcome of Objective (s)
1. In accordance with ASPPP Standards, grantee/agency will provide a minimum of 1212 months of case management service to eligible siblings of pregnant and/or parenting teens that will enable them to avoid early and unplanned pregnancy as measured by the Lodestar Management Information System (MIS).	1a. ASPPP grantee/agency will maintain and revise as appropriate entry criteria based upon eligibility criteria and risk factors.	07/01/02-06/30/03	1a. Entry criteria revisions or a letter stating that no revisions are required will be submitted to MCH by 01/31/03.
	1b. Siblings of pregnant and parenting teens will be assigned a primary case manager and receive all the components within the minimum standards of case management as reflected in the implementation of comprehensive case management services which include, but are not limited to: <ul style="list-style-type: none"> • outreach and case finding • intake • assessment • written individual service plan (ISP) developed in conjunction with clients family/support system, reviewed and revised as needed at least quarterly • implementation of ISP • monitoring, evaluation of ISP • advocacy • monthly client contact • quarterly home visits 		1b. Case managers will maintain individual client records which include: <ul style="list-style-type: none"> • current signed and dated consent forms • completed release of information forms, as needed, which include agency, purpose, and time limit for sharing records • intake information • assessment • ISP and updates • referral documentation • case notes, summaries signed and dated • case conferences documentation • exit summary

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 Health and Human Services Agency
 AFLP Contractor/Agency:
 Contract/Allocation Numbers: #

Department of Health Services
 Maternal and Child Health Branch

EXHIBIT B
 SCOPE OF WORK

Goal No. 5 Specify: To enhance the health, educational achievement, economic, personal, and societal integration and independence of siblings of pregnant and/or parenting adolescents through case management that enables them to avoid an early and unplanned pregnancy.

1. (continued)	1c. Grantee/agency will utilize the Lodestar Management Information System (MIS) to track client count and calculate months of service.		1c. Grantee/agency will submit the Lodestar Caseload Analysis Report and Lodestar Months of Service Report within 30 days of the end of each quarter to MCH.
	1d. ASPPP grantee/agency will utilize the Lodestar MIS each month to ensure that all current activity is reflected on the disk sent to MCH.		1d. ASPPP grantee/agency to submit Lodestar data disk to MCH or designee on a monthly basis. Disk to be received no later than the 10th day of the following month.
2. ASPPP grantee/agency will gather profile data for process and outcome measures of service intervention to the siblings of pregnant and parenting teens.	2. ASPPP grantee/agency will collect data on Lodestar reporting forms each month, and other data elements as requested by MCH.	07/01/02-06/30/03	2. ASPPP grantee/agency will maintain Lodestar reporting forms in client record and a central data file.
3. In accordance with ASPPP Standards, ASPPP grantee/agency will maintain and update Standards Implementation.	3. ASPPP grantee/agency will maintain and revise, as appropriate, the program Standards Implementation document to reflect the current operating practices of the program.	07/01/02-06/30/03	3a. The program Standards Implementation document revisions or Form 5 indicating that no revisions are required will be submitted to MCH by 01/31/03.
			3b. The program Standards Implementation document will be updated and maintained at the ASPPP grantee/agency's site.

EXHIBIT B
SCOPE OF WORK

Goal No. 5 Specify: To enhance the health, educational achievement, economic, personal, and societal integration and independence of siblings of pregnant and/or parenting adolescents through case management that enables them to avoid an early and unplanned pregnancy.

4. In accordance with ASPPP Standards, ASPPP grantee/agency will develop case management interventions consistent with client need. Interventions must address the adverse impact of teen pregnancy on health and future personal and career growth and well-being.	4. ASPPP grantee/agency will establish case management intervention strategies to meet the needs of the client that include but are not limited to: <ul style="list-style-type: none"> Individual or group educational activities. Activities that reduce isolation, increase self-esteem, and teach appropriate social skills. Activities that promote healthy lifestyles through nutrition, exercise, and improved body image. 	07/01/02-06/30/03 Semi-Annual	4. Narrative summary of case management intervention strategies will be submitted with semi-annual program report to MCH.
5. ASPPP grantee/agency will maintain qualified staff to provide case management services to no more than 40 clients per full-time equivalent (FTE) case manager per month. This limit will include clients served by each case manager, regardless of whether the clients are AFLP, ASPPP, or Cal-Learn.	5a. ASPPP grantee/agency will maintain updated personnel list, including name, position and total FTE percent in ASPPP, sibling program, and Cal-Learn combined for each case manager.	07/01/02-06/30/03	5a. ASPPP grantee/agency will provide current personnel and FTE list to State ASPPP program staff within 30 days of the end of each quarter.
	5b. ASPPP grantee/agency will provide each employee with a clear job description, agency program Standards Implementation, and an opportunity for consultation and/or supervision.	07/01/02-06/30/03 Annually	5b. ASPPP grantee/agency will maintain file of job descriptions and documentation of annual employees' evaluation.
6. Aggregate sibling clients served by the program will not exceed 40 clients per 1.0 FTE case manager.	6. ASPPP grantee/agency will provide a quarterly report of aggregate FTE case manager position and aggregate caseload count for the ASPPP.	07/01/02-06/30/03 Quarterly	6. Quarterly, grantee/agency will submit a report of current aggregate FTE sibling case manager positions and current aggregate sibling caseload count to MCH as of the end of each quarter. This report is due within 30 days of the end of the quarter.
7. ASPPP grantee/agency provides job related training and technical assistance (TA) for sibling staff.	7a. ASPPP grantee/agency will identify training and TA needs of sibling staff.	07/01/02-06/30/03	7a. Training and TA needs of sibling staff will be identified in the semi-annual reports.

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EXHIBIT B
SCOPE OF WORK

Goal No. 5 Specify: To enhance the health, educational achievement, economic, personal, and societal integration and independence of siblings of pregnant and/or parenting adolescents through case management that enables them to avoid an early and unplanned pregnancy.

7. (continued)	7b. ASPPP grantee/agency will obtain/provide training and TA to sibling staff.		7b. Training and TA provided to sibling staff will be reported in the semi-annual reports.
8. Program director and/or coordinator will participate in MCH training and TA as designated by MCH.	8. Program director and/or coordinator will attend MCH Branch training.	07/01/02-06/30/03	8. Document attendance in semi-annual report.

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EXHIBIT B
SCOPE OF WORK

Goal No. 6 **Specify: To promote implementation of the State MCH 5-Year Plan and attainment of its Goals and Objectives.**

Measurable Objectives	Implementation Activities	Timeline	Method(s) of Evaluating Process and/or Outcome of Objective (s)
1. Promote primary and preventive health care utilization by siblings.	1a. Case managers will assure a comprehensive baseline assessment format is completed.	07/01/02-06/30/03	1a. Assessments documented in clients chart.
	1b. Agency agrees to collect health status on siblings as requested by MCH.		1b. Submit to MCH via Lodestar MIS as requested.
	1c. Case managers will monitor immunization status of sibling clients and promote and record increases in age appropriate immunizations based on the current State Immunization Branch Guidelines.		1c. Submit to MCH via Lodestar MIS.
	1d. Case managers will assist in identifying and accessing a primary health care provider for each sibling client. Lack of access to an identified provider or inability to identify a provider will be documented.		1d. Primary health care provider or identified barrier to care will be documented in clients' charts.

EXHIBIT B
SCOPE OF WORK

Goal No. 6 Specify: To promote implementation of the State MCH 5-Year Plan and attainment of its Goals and Objectives.

	<p>1e. Case manager activities will focus on the following, but are not limited to (as determined by the needs of the client)</p> <p>Prevention of:</p> <ul style="list-style-type: none">• Violence• HIV/AIDS• Injury (Intentional/ Unintentional)• Substance Abuse (Alcohol, Drugs, Tobacco, including children's exposure to second hand smoke)• Sexually Transmitted Infections• Pregnancy <p>Promotion of:</p> <ul style="list-style-type: none">• Healthy Parent-Child Relationships• General Health• Mental & Emotional Well-being• Family Planning (when appropriate)• School Attendance• Educational Achievement• Age appropriate immunizations		<p>1e. Health education, counseling, referral and/or participation in prevention/ health promotion activities will be documented in the clients' chart.</p>
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EXHIBIT B
SCOPE OF WORK

**Adolescent Family Life Program:
California MCH Title V Priorities: FY 2001-2005**

1. Eliminate racial and ethnic disparities in the infant mortality rate and proportion of low and very low birth weight live-born infants.
2. Improve early access and quality of maternal health care for all women.
3. Facilitate access to quality primary and specialty care providers for all children, particularly Children with Special Health Care Needs.
4. Reduce the adolescent birth rate.
5. Increase breastfeeding rates among newborns.
6. Promote healthy lifestyle practices among children and adolescents with emphasis on tobacco, nutrition, and physical activity.
7. Decrease intentional and unintentional injury death rates among children and adolescents.
8. Reduce the prevalence of community, family and domestic violence.
9. Facilitate the delivery of health care services to special needs children through improved outreach and coordination with other health programs.

EXHIBIT B
SCOPE OF WORK

**Adolescent Sibling Pregnancy Prevention Program:
California MCH Title V Priorities: FY 2001-2005**

1. Facilitate access to quality primary and specialty care providers for all children, particularly Children with Special Health Care Needs.
2. Reduce the adolescent birth rate.
3. Promote healthy lifestyle practices among children and adolescents with emphasis on tobacco, nutrition, and physical activity.
4. Decrease intentional and unintentional injury death rates among children and adolescents.
5. Reduce the prevalence of community, family, and domestic violence.
6. Facilitate the delivery of health care services to special needs children through improved outreach and coordination with other health programs

FUNDING

FUNDING SOURCE

The AFLP/ASPPP Program is supported by one or more of the following funding sources:

- Title V MCH Block Grant
- State General Funds
- Agency General Funds
- Title XIX Medicaid Federal Financial Participation

Procedure

Agency must submit a budget identifying the estimated percent of costs associated with each funding source (i.e. Title V, State General Funds, Agency General Funds, and Title XIX) described on the following pages.

FUNDING LEVEL AND AVAILABILITY

Policy

An allocation table identifying, by Agency, federal title V Block Grant and California State General Fund dollar amounts is provided in this Section.

State funding, for the performance of activities contained in the one or SOW, is not intended to provide reimbursements for an Agency's total cost. Agencies are expected to contribute toward the total cost of the program/project. Agencies should demonstrate funding contributions in the program budgets.

Funding is allocated annually based on a fiscal year period pending and subject to availability of federal and State appropriation.

This Agreement is subject to any restrictions, limitations, or conditions enacted by the Congress and/or State legislature or any statute enacted by the Congress and/or State legislature or any court action which may affect the provisions, terms, or funding of this Agreement in any manner.

If the Agreement is deemed to be invalid, the MCH Branch will have no liability to pay any funds whatsoever to the Agency or to furnish any other considerations under this MCH Agreement and the Agency will not be obligated to perform any provisions of this Agreement.

The MCH Branch has the option to void or revise the Agreement to reflect any reduction of funds with 30-days written notice.

MCH FEDERAL TITLE V BLOCK GRANT FUNDS

Policy

The Title V Block Grant funds are used to reimburse MCH Program expenses incurred for activities consistent with the goals and purposes of the MCH Block Grant.

Pursuant to 42 USC, Section 704, the Agency cannot use funds provided by this MCH Agreement to:

- provide inpatient services;
- make cash payments to intended recipients of health services;
- purchase or improve land, purchase, construct or permanently improve any building or other facility; or
- satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
- provide financial assistance to any entity other than a public or non-profit private entity for research or training services; or
- make payment for any item or service (other than an emergency item or service) furnished by:
 - a) an individual or entity during the period such individual or entity is excluded from participation in any other federally funded program, or
 - b) at the medical direction or on the prescription of a physician during the period when the physician is excluded from participation in any other federally funded program.

STATE GENERAL FUNDS

Policy

Pursuant to Health and Safety Code SEC. 19, Section 123255, State General Funds are to be used to maximize the use of available matching federal funds claimable under Title XIX of the federal Social Security Act (42 U.S.C., Sec. 1396 et seq.)

AGENCY GENERAL FUNDS

Policy

The agencies are expected to contribute toward the total cost of operating the AFLP/ASPPP program. The AFLP/ASPPP Program Budget should demonstrate the inclusion of Agency General Funds to enhance and promote the AFLP/ASPPP programs in local jurisdictions.

Pursuant to Health and Safety Code, SEC. 19, Section 12355, County General Funds are to be used to maximize the use of available matching federal funds claimable under Title XIX of the federal Social Security Act (42 U.S.C., Sec. 1396 et seq.)

MCH FEDERAL TITLE XIX FUNDS

Policy

The AFLP/ASPPP Program Budget may include federal Title XIX funds matched, at either an Enhanced or Non-Enhanced rate (see Glossary for definition), with State and/or local Agency revenues. The federal funds are used to reimburse a percentage of expenses incurred for personnel and associated operating costs for matchable activities related to eligible and potentially eligible (see Glossary for definition) pregnant and parenting adolescents, their children and their adolescent siblings.

For further information, see the FFP guidelines later in this section.

MAXIMUM AMOUNT PAYABLE

The State is liable for actual costs legally attributed to the numbered line items identified on the Budget Summary Page that are related to the SOW. The maximum amount payable for any fiscal year cannot exceed the Agreement amount for that fiscal year.

EXCLUDED SERVICES

Policy

The MCH Branch funding does not provide reimbursement for the following:

- direct care services, such as mental health therapy, physical examinations, costs of pregnancy, labor and delivery.
- cash incentives.
- childcare except under certain circumstances.
- transportation to and from school.
- food or groceries.
- housing.
- abortions, abortion referrals, pregnancy termination, or counseling.

INITIAL AGREEMENT PAYMENT

Policy

MCH may allow an initial payment of up to 50% of the annual AFLP Title V allocation, and/or 50% of the annual ASPPP State General Funds allocation at the onset of each fiscal year subject to MCH Branch approval.

An Agency may receive this payment, subject to the following terms:

- funds are appropriated by the Legislature and the Governor's budget is signed,
- the Agency has a certified agreement or Allocation approval,
- all prior advances have been repaid,
- satisfactory program performance has been achieved by the Agency, and financial need.

Procedure

In order to receive an Initial Agreement Payment, the Agency must submit a written request, on Agency letterhead, postmarked by July 30 of the current fiscal year. **Submit a separate letter for each program.**

MCH Branch staff will verify appropriate amounts, determine repayment schedule and FAX the “AFLP/ASPPP ADVANCE PAYMENT AGREEMENT” form to Agency for review and MCH/AFLP Project Director signature.

Agency returns the original signed form by mail to the MCH Branch.

Upon receipt of signed “AFLP/ASPPP ADVANCE PAYMENT AGREEMENT” form, the MCH Branch will generate and forward the Initial Grant Payment approval letter. MCH Branch then processes the Initial Grant Payment request.

Please refer to the Sample Initial Agreement Payment Request, AFLP/ASPPP Advance Payment Agreement and Initial Grant Approval Letter at the end of this Section for content and formatting.

Offsetting of the initial payment amount will occur during the processing of the first, second, and third quarter invoices by MCH staff as follows:

- first quarter invoice will be reduced by 33% of the initial payment
- second quarter invoice will be reduced by 33% of the initial payment
- third quarter invoice will be reduced 34% of the initial payment

NOTE: DO NOT decrease the amount invoiced to reflect the reduction for the initial payment recovery amount. MCH will adjust the invoice accordingly.

REIMBURSEMENT LIMITATIONS

The MCH Branch will not reimburse the Agency for overtime or earned compensatory time off (CTO) at a rate greater than straight time.

The Agency may not claim reimbursement for any services that the Agency may claim for reimbursement under any other State, federal, Agency or other governmental entity contract or grant, any private contract or agreement, or from the Medi-Cal program.

The MCH Branch will not reimburse the Agency for any services provided under this Agreement, which are otherwise reimbursable by any third party payer(s). The Agency must fully exhaust its ability to receive third-party reimbursement. If the Agency receives any third-party reimbursement for services already reimbursed by the MCH Branch, the Agency must report and remit that amount to the MCH Branch or offset the amount against future invoices.

The MCH Branch will not reimburse the Agency for any client services reimbursed under CAL-LEARN.

Any subcontract funds expended prior to MCH Branch approval may not be reimbursable in the event the MCH Branch should subsequently disapprove the proposed subcontract.

TERMINATION

Either party may cancel this Agreement, with or without cause. The MCH Branch will reimburse the Agency for appropriate costs, as determined by the MCH Branch, incurred in “good faith”, up to the effective date of termination.

A 30-calendar day advance written notice of intent to cancel the Agreement must be provided to the other party. Notification must state the effective date of the termination.

Upon termination of this Agreement by either the MCH Branch or the Agency, the MCH Branch will have the right to hold the final payments for administrative, client, or other services for up to 90 calendar days to ensure that the Agency’s responsibilities under this Agreement have been fulfilled.

RECOVERY OF OVERPAYMENTS

Policy

The MCH Branch will recover overpayments to the Agency including, but not limited to, payments determined to be:

- in excess of allowable costs,
- in excess of expenditures that can be supported by required time-study documentation (i.e. Title XIX),
- in excess of the amounts usually charged by the Agency or any of its subcontractors,
- for services not documented in the records of the Agency or any of its subcontractors, or for services where the documentation of the Agency or any of its subcontractors justifies a lower level of payment;
- based upon false or incorrect invoices,
- for services deemed to have been excessive, medically unnecessary or inappropriate,
- for services arranged for or rendered by persons who did not meet the standards for participation in the project at the time the services were arranged for or provided,
- for services not covered by the project,
- for services already paid for the client, but not yet refunded, or for services already reimbursed by the MCH Branch or other coverage,
- for services that should have been billed to other coverage, other programs, the Medi-Cal program, or any other entitlement program for which the client was eligible to receive payment for such services.

Procedure

The MCH Branch has two available avenues for the recovery of overpayments. Depending on the circumstances (determined on a case-by-case basis):

- the MCH Branch will notify the Department of Health Services' accounting section to establish an accounts receivable. The accounting section will notify the Agency of the accounts receivable via an invoice.
- the Agency will adjust subsequent invoices within the same fiscal period in which the overpayment was received.

PAYMENT WITHHOLDS

Policy

MCH may withhold up to 100% of any amount billed for services until the Agency complies with the provisions of the Agreement and any administrative and program policies, at which time the amount withheld will be released for payment to the Agency.

Procedure

MCH will determine Agency compliance with the provisions of the Agreement. MCH will notify the Agency in writing regarding non-compliance determinations. This notification includes:

- the reason for each withhold determination,
- the percentage of withhold (if applicable),
- the effective date of the withhold,
- duration of the withhold.

The Agency will be afforded reasonable opportunity to discuss with the MCH Branch any action taken. Upon Agency compliance, MCH will release the amount withheld for payment to the Agency.

BENEFIT UNIFORMITY

Reimbursement, under this Agreement, for vacation and/or paid leave accrual or usage for personnel is at rates not to exceed those allowed for other Agency employees as specified/detailed in Agency's Personnel Manuals. Records of paid leave earned and used must be maintained by the Agency in accordance with generally accepted accounting principles.

Compensation for vacation, sick leave, and holidays are limited to that amount accrued within the Agreement term. Unused vacation, sick leave, and holidays earned during the MCH Agreement term cannot be claimed as an allowable cost.

FRINGE BENEFITS

MCH allows reimbursement for fringe benefits. To be an allowable fringe benefit (see Glossary for definition), the cost must meet the following criteria:

- be necessary and reasonable for the performance of the Agreement,
- be determined in accordance with generally accepted accounting principles,
- be consistent with policies that apply uniformity to all activities of the Agency,
- be the actual cost.

Fringe benefits do not include:

- compensation for personal services paid currently or accrued by the Agency for services of employees rendered during the term of this agreement which is identified as regular or normal salaries and wages, vacation, sick leave, holidays, jury duty, and/or military leave,
- director's and executive committee member's fees,
- incentive or bonus pay,
- allowance for off-site pay,
- relocation allowances,
- hardship pay,
- cost-of-living-differentials.

AFLP/ASPPP Allocation Table
Fiscal Year 2002-2003

03/12/2002

Contractor	AFLP		AFLP		Rate		ASPPP				
	AFLP	Unmatchable Title V	Matchable General Fund	Clients	MOS	Per Client	ASPPP	Matchable General Fund	Clients	MOS	Per Client
ALTA MED HEALTH SERVICES CORP	\$583,768	\$274,655	\$309,113	344	4,128	\$1,697.00	\$200,246	\$200,246	118	1,416	\$1,697.00
CHILDRENS HOSPITAL LOS ANGELES	\$395,401	\$186,031	\$209,370	233	2,796	\$1,697.00					
CLINICA SIERRA VISTA INC	\$712,740	\$335,335	\$377,405	420	5,040	\$1,697.00	\$237,580	\$237,580	140	1,680	\$1,697.00
COUNTY OF FRESNO	\$744,983	\$350,504	\$394,479	439	5,268	\$1,697.00	\$135,760	\$135,760	80	960	\$1,697.00
COUNTY OF GLENN	\$64,486	\$30,340	\$34,146	38	456	\$1,697.00					
COUNTY OF HUMBOLDT	\$152,730	\$71,857	\$80,873	90	1,080	\$1,697.00	\$33,940	\$33,940	20	240	\$1,697.00
COUNTY OF IMPERIAL	\$164,609	\$77,446	\$87,163	97	1,164	\$1,697.00					
COUNTY OF INYO	\$49,213	\$23,154	\$26,059	29	348	\$1,697.00	\$8,485	\$8,485	5	60	\$1,697.00
SUTTER LAKESIDE	\$117,093	\$55,091	\$62,002	69	828	\$1,697.00	\$35,637	\$35,637	21	252	\$1,697.00
COUNTY OF LASSEN											
COUNTY OF MADERA	\$257,944	\$121,359	\$136,585	152	1,824	\$1,697.00					
COUNTY OF MENDOCINO	\$128,972	\$60,680	\$68,292	76	912	\$1,697.00	\$23,758	\$23,758	14	168	\$1,697.00
COUNTY OF MERCED	\$249,459	\$117,367	\$132,092	147	1,764	\$1,697.00	\$49,213	\$49,213	29	348	\$1,697.00
COUNTY OF MONTEREY	\$242,671	\$114,173	\$128,498	143	1,716	\$1,697.00	\$64,486	\$64,486	38	456	\$1,697.00
COUNTY OF ORANGE	\$705,952	\$332,141	\$373,811	416	4,992	\$1,697.00	\$108,608	\$108,608	64	768	\$1,697.00
COUNTY OF PLACER	\$169,700	\$79,842	\$89,858	100	1,200	\$1,697.00	\$30,546	\$30,546	18	216	\$1,697.00
COUNTY OF PLUMAS	\$23,758	\$11,178	\$12,580	14	168	\$1,697.00					
COUNTY OF RIVERSIDE	\$649,951	\$305,793	\$344,158	383	4,596	\$1,697.00	\$105,214	\$105,214	62	744	\$1,697.00
COUNTY OF SAN BENITO	\$76,365	\$35,929	\$40,436	45	540	\$1,697.00	\$23,758	\$23,758	14	168	\$1,697.00
COUNTY OF SAN BERNARDINO	\$1,167,536	\$549,310	\$618,226	688	8,256	\$1,697.00	\$319,036	\$319,036	188	2,256	\$1,697.00
COUNTY OF SAN JOAQUIN	\$420,856	\$198,007	\$222,849	248	2,976	\$1,697.00	\$127,275	\$127,275	75	900	\$1,697.00
COUNTY OF SAN LUIS OBISPO	\$322,430	\$151,699	\$170,731	190	2,280	\$1,697.00	\$128,972	\$128,972	76	912	\$1,697.00
COUNTY OF SAN MATEO	\$208,731	\$98,205	\$110,526	123	1,476	\$1,697.00	\$52,607	\$52,607	31	372	\$1,697.00
COUNTY OF SANTA BARBARA	\$543,040	\$255,493	\$287,547	320	3,840	\$1,697.00					
COUNTY OF SANTA CLARA	\$653,345	\$307,390	\$345,955	385	4,620	\$1,697.00	\$115,396	\$115,396	68	816	\$1,697.00
COUNTY OF SANTA CRUZ	\$156,124	\$73,454	\$82,670	92	1,104	\$1,697.00	\$33,940	\$33,940	20	240	\$1,697.00
COUNTY OF SOLANO	\$178,185	\$83,834	\$94,351	105	1,260	\$1,697.00	\$27,152	\$27,152	16	192	\$1,697.00
COUNTY OF SONOMA	\$329,218	\$154,893	\$174,325	194	2,328	\$1,697.00	\$62,789	\$62,789	37	444	\$1,697.00
COUNTY OF STANISLAUS	\$235,883	\$110,980	\$124,903	139	1,668	\$1,697.00	\$39,031	\$39,031	23	276	\$1,697.00
COUNTY OF TEHAMA	\$128,972	\$60,680	\$68,292	76	912	\$1,697.00	\$33,940	\$33,940	20	240	\$1,697.00
COUNTY OF TULARE	\$558,313	\$262,679	\$295,634	329	3,948	\$1,697.00	\$132,366	\$132,366	78	936	\$1,697.00
COUNTY OF VENTURA	\$448,008	\$210,782	\$237,226	264	3,168	\$1,697.00	\$215,519	\$215,519	127	1,524	\$1,697.00
COUNTY OF YOLO	\$147,639	\$69,462	\$78,177	87	1,044	\$1,697.00	\$32,243	\$32,243	19	228	\$1,697.00
COUNTY OF YUBA	\$64,486	\$30,340	\$34,146	38	456	\$1,697.00					
EAST BAY PERINATAL COUNCIL	\$515,888	\$242,718	\$273,170	304	3,648	\$1,697.00	\$171,397	\$171,397	101	1,212	\$1,697.00
EL NIDO FAMILY CENTERS	\$2,265,495	\$1,065,885	\$1,199,610	1,335	16,020	\$1,697.00	\$386,916	\$386,916	228	2,736	\$1,697.00
FAMILY SVRS AGY SAN FRANCISCO	\$741,589	\$348,908	\$392,681	437	5,244	\$1,697.00	\$213,822	\$213,822	126	1,512	\$1,697.00
FOOTHILL FAMILY SERVICE	\$573,586	\$269,864	\$303,722	338	4,056	\$1,697.00	\$105,214	\$105,214	62	744	\$1,697.00
KINGS COMMUNITY ACTION	\$200,246	\$94,213	\$106,033	118	1,416	\$1,697.00	\$71,274	\$71,274	42	504	\$1,697.00
NEVADA JOINT UNION HIGH	\$76,365	\$35,929	\$40,436	45	540	\$1,697.00	\$25,455	\$25,455	15	180	\$1,697.00
N. VALLEY CATHOLIC SOCIAL SVCS	\$392,007	\$184,434	\$207,573	231	2,772	\$1,697.00	\$83,153	\$83,153	49	588	\$1,697.00
PLANNED PARENTHD SHASTA-DIABLO	\$54,304	\$25,549	\$28,755	32	384	\$1,697.00					
SO CAL YOUTH AND FAMILY	\$524,876	\$246,947	\$277,929	302	3,624	\$1,738.00	\$142,926	\$142,926	82	984	\$1,743.00
SAN DIEGO UNIFIED SCHOOL DIST.	\$1,023,291	\$481,445	\$541,846	603	7,236	\$1,697.00	\$149,336	\$149,336	88	1,056	\$1,697.00
SISKIYOU COUNTY SUPERINTENDENT	\$64,486	\$30,340	\$34,146	38	456	\$1,697.00	\$18,667	\$18,667	11	132	\$1,697.00
SUTTER HEALTH	\$346,188	\$162,877	\$183,311	204	2,448	\$1,697.00	\$52,607	\$52,607	31	372	\$1,697.00
TIBURCIO VASQUEZ HEALTH CENTER	\$322,430	\$151,699	\$170,731	190	2,280	\$1,697.00					
	\$18,153,312	\$8,540,889	\$9,612,423	10,690			\$3,798,264	\$3,798,264	2,236		

**INITIAL AGREEMENT PAYMENT REQUEST
USE AGENCY LETTERHEAD**

Date

Name of Contract Manager
Operations Section
Maternal and Child Health Branch
714 P Street, Room 708
Sacramento, CA 95814

INITIAL AGREEMENT PAYMENT REQUEST

MATERNAL AND CHILD HEALTH AGREEMENT NUMBER (State your Agency's agreement number)

This letter serves as our request for (enter the percentage of annual allocated unmatched funds, not to exceed 50%) of the total annual allocation funding for the fiscal period of July 1, 20XX to June 30, 20XX, in the amount of \$(calculate the percentage of annual allocated funds you are requesting). This is submitted pursuant to the terms and conditions established in the above referenced agreement.

Sincerely,

DEPARTMENT OF HEALTH SERVICES

14 / 744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-0049

7/8/2003

«MCH_Director»

«Title»

«Agency»

«Address»

«City_State_Zip»

MATERNAL AND CHILD HEALTH (MCH) ALLOCATION #«M_02Allocation_»:

Your request for an advance payment for the Adolescent Family Life Program / Adolescent Sibling Pregnancy Prevention Program has been received. Based upon administrative review, your request for \$_____ has been approved. The attached Advance Payment Agreement must be signed, dated and returned to the MCH Branch prior to your advance payment being processed. The Advance Payment Agreement also indicates the quarterly repayment that will be required for the Advance Recoupment.

Please retain a copy of this letter and agreement in your files for future audit and administrative review purposes.

If you have any questions, please call me at «CM_Phone».

Sincerely,

«Contract_Mgr»

Operations Section

Maternal and Child Health Branch

Enclosure

AFLP/ASPPP ADVANCE PAYMENT AGREEMENT

Contract Number:

Agency/County:

**Project Director:
Address:**

Phone Number:

Advance Payment Request Amount:

Recoupment Schedule:

Quarter	Percent	Amount to Recoup
1	33%	
2	33%	
3	34%	

Note: You may have additional amounts recouped by indicating on your invoice any additional amounts.

I agree to the Advance Payment Recoupment schedule and request that the Advance Payment amount indicated be authorized.

MCH Project Director

Date

FEDERAL FINANCIAL PARTICIPATION (FFP) GUIDELINES FOR MCH PROGRAMS

The MCH Branch, through the allocation, makes available to local jurisdictions partial reimbursement for administrative activities and selected associated expenses that encourage application to the Medi-Cal (federal Medicaid) program. This reimbursement is provided through matching Medicaid Title XIX funds and is called Federal Financial Participation (FFP). It applies to personnel employed directly by a FFP participating agency or subcontracted agency. Centers for Medicare and Medicaid (CMS) regulations allow matching for administrative activities at a rate of 50 percent (non-enhanced) for the majority of expenses necessary for the efficient operation of the Medicaid program and at a rate of 75 percent (enhanced) for certain activities performed by Skilled Professional Medical Personnel (SPMP) and their direct clerical support.

The amount of FFP which may be claimed depends on the following factors and are discussed in detail in this Section of the Policies and Procedures:

- activities
- recipient population (Medi-Cal Factor)
- staff requirements
- documentation
- FFP calculation

ACTIVITIES

Policy

For reimbursement calculation purposes, there are four classes of time study function codes. Each class is unique in its reimbursement formula and rate. For documentation purposes, there are 12 time study function codes. Each time study function code is a definable and unique set of activities performed by staff. Consequently, all activities and paid time off have been identified under the appropriate function codes, which is in the appropriate reimbursement class.

The four classes of time study function codes available to claim FFP in MCH Allocation Plans and Budgets are listed below. Under each class description is a list of the function codes.

1. Non-enhanced FFP rate function codes: Reimbursement for costs at the rate of 50 percent of salary, benefits, training, travel costs, and associated operating expenses. The non-enhanced FFP rate covers activities under the following function codes.
 - (1) Outreach
 - (4) Non-SPMP Intra/Interagency Collaboration and Coordination
 - (5) Program Specific Administration
 - (7) Non-SPMP Training

2. Enhanced FFP rate function codes: Possible reimbursement for costs at the rate of 75 percent of salary, benefits, training, travel, and possibly subcontract costs (see Budget Document Instructions Section for detailed information). The enhanced FFP rate covers activities under the following function codes:
 - (2) SPMP Administrative Medical Case Management
 - (3) SPMP Intra/Interagency Coordination, Collaboration and Administration
 - (6) SPMP Training
 - (8) SPMP Program Planning and Policy Development
 - (9) Quality Management by Skilled Professional Medical Personnel
3. Non-matchable rate function codes: No reimbursement permissible through federal match. These are function codes whose activities and services the federal government either does not finance or reimburse, or finances through grants or reimburses via another payment methodology such as Medi-Cal fee-for-service billing, Title V, etc. The non-matchable activities/services are under the following function code.
 - (11) Other Activities
4. Apportioned FFP rate function codes: Reimbursement for costs, which are prorated according to the ratio of time, recorded under the above classes. The apportioned FFP covers activities under the following function codes:
 - (10) Non-Program Specific General Administration, and
 - (12) Paid Time Off

The manner of allocating these two function codes is different. Non-program specific general administration (function code #10) is prorated between matchable and non-matchable function codes. The portion allocated as matchable may only be matched at the non-enhanced rate (50 percent). Paid time off (function code #12) is also prorated but the matchable amounts can be proportionately distributed between the enhanced (75 percent) and non-enhanced (50 percent) rate.

Overtime/ Compensating Time-Off (CTO)

Record overtime and/or earned CTO under the Function Code appropriate to the activities being performed. Time spent doing the following activities associated with each function is considered time spent doing the function:

- performance of necessary paperwork,
- travel, and
- supervision including the supervision of skilled professional medical personnel (SPMP) staff by SPMP supervisors.

FUNCTION #1

OUTREACH

This function is to be used by all staff when performing activities that inform Medi-Cal eligible or potentially eligible individuals, as well as other clients, about health services covered by Medi-Cal and how to access the health programs. Activities include a combination of oral and written informing methods, which describe the range of services available through the Medi-Cal program and the benefits of preventive or remedial health care offered by the Medi-Cal program.

Examples of administrative activities, which are included in the outreach function, are:

1. Inform individuals, agencies and community groups about health programs using oral and written methods.
2. Develop and provide program materials to individuals and their families, community agencies and health care providers.
3. Inform and assist clients and their families to access program services.
4. Design and carry out strategies that inform high-risk children and their families of health programs that will benefit them.
5. Develop and implement a system for ensuring that clients obtain needed preventive and health services by providing information on accessing transportation and assistance with scheduling of appointments.

FUNCTION #2

SPMP ADMINISTRATIVE MEDICAL CASE MANAGEMENT

This function is to be used only by skilled professional medical personnel when participating in medical reviews; assessing the necessity for and types of medical care associated with medical case management and case coordination activities required by individual Medi-Cal beneficiaries.

Examples of activities, which are included in this function, are:

1. Review the results of health assessments, medical and dental examinations and evaluations needed to coordinate and facilitate the client's care. This activity is not conducted as part of a standard medical examination or consultation and is not a direct service.
2. Assess and review for determining medical eligibility, medical necessity and sources for services required correcting or ameliorating health conditions identified by a medical or dental provider.
3. Provide consultation to professional staff in other agencies about specific medical conditions identified within their client population.
4. Identify eligible, covered medically necessary services required to achieve the goals of the treatment plan and ensure that linkages are made with other providers of care.
5. Provide follow-up contact to assess the client's progress in meeting treatment goals.
6. Participate in case conferences or multi-disciplinary teams to review client needs and treatment plans.
7. Interpret medical guidelines, the results of health assessments, and medical and dental evaluations, to an individual, a provider or professional staff of another agency.
8. Provide consultation, separate from a standard medical examination, to clients to assist them in understanding and identifying health problems or conditions and in recognizing the value of preventative and remedial health care as it relates to their medical conditions.
9. Provide technical assistance on clinical protocols, health assessments, and medical and dental benefits.
10. Consult on client-specific appeals relating to medical care issues including expert witness services.
11. Complete paperwork directly associated with any of the above activities.
12. Travel time directly associated with the performance of any of the above activities.

FUNCTION #3

SPMP INTRA/INTERAGENCY COORDINATION, COLLABORATION AND ADMINISTRATION

This function is to be used only by skilled professional medical personnel when performing collaborative activities that involve planning and resource development with other agencies which will improve the cost effectiveness of the health care delivery system and improve availability of medical services.

Examples of activities, which are included in this function, are:

1. Provide technical assistance to other agencies/programs that interface with the medical care needs of clients.
2. Participate in provider meetings and workshops on issues of client health assessment, preventive health services and medical care and treatment.
3. Develop medical and dental referral resources such as referral directories, round tables and advisory groups.
4. Assist in health care planning and resource development with other agencies, which will improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources.
5. Assess the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system.

FUNCTION #4

NON-SPMP INTRA/INTERAGENCY COLLABORATION AND COORDINATION

This function is to be used by non-SPMP staff when performing activities that are related to program planning functions, including collaborative and intra/interagency coordination activities.

Examples of activities, which are included in this function, are:

1. Provide technical assistance and program monitoring to other agencies/programs that interface with Medi-Cal program requirements.
2. Assist in health care planning and resource development with other agencies, which will improve the access, quality and cost effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources.
3. Assess the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system.

FUNCTION #5

PROGRAM SPECIFIC ADMINISTRATION

This function is to be used by all staff when performing activities that are related to program specific administration which are identifiable and directly charged to the program.

Examples of activities, which are included in this function, are:

1. Develop and implement program administrative policies and fiscal procedures in compliance with Medi-Cal program requirements.
2. Participate in the development, maintenance and analysis of program management information servicing the Medi-Cal population.
3. Participate in the distribution of Medi-Cal program specific information including procedural manuals and brochures.
4. Prepare responses to appeals on non-medical program issues.
5. Provide general supervision of staff, including supervision of interns and students.
6. Develop budgets and monitor program expenditures.
7. Review of technical literature and research articles.
8. Draft, analyze, and/or review reports, documents, correspondence and legislation.
9. Direct recruitment, selection and the hiring process; perform employee evaluations.

FUNCTION #6

SPMP TRAINING

This function is to be used only when training is provided for or by skilled professional medical personnel and only when the training activities directly relate to the SPMPs performance of specifically allowable SPMP administrative activities.

Examples of activities, which are included in this function, are:

1. Training related to the skilled professional medical professionals' performance of allowable administrative activities to include utilization review of medical services, program planning and policy development, SPMP administrative medical case management, intra/interagency and provider coordination, and quality management.
2. Completing paperwork directly associated with the above activities.
3. Travel time directly associated with the performance of the above activities.

FUNCTION #7

NON-SPMP TRAINING

This function is to be used by all staff when training relates to non-SPMP allowable administrative activities and to the medical care of clients.

Examples of activities, which are included in this function, are:

1. Training related to the performance of administrative activities to include Medi-Cal outreach, non-emergency, non-medical transportation, and Medi-Cal eligibility.
2. Joint orientation and on-going in-service training.
3. Professional training and technical assistance, which improves the quality of health assessment, preventive health, services and care.
4. Training which improves the medical knowledge and skill level of skilled professional medical staff providing Medi-Cal services.
5. Completing paperwork directly associated with the above activities.
6. Travel time directly associated with the performance of the above activities.

FUNCTION #8

SPMP PROGRAM PLANNING AND POLICY DEVELOPMENT

This function is to be used only by skilled professional medical personnel and only when performing program planning and policy development activities. The SPMPs tasks must officially involve program planning and policy development, and those tasks must be identified in the employee's position description/duty statement.

Examples of activities, which are included in this function, are:

1. Participate in the development of program direction and annual scope of work, program budget, set goals, objectives, activities, and evaluation tools to measure Medi-Cal program outcomes.
2. Participate in the development of Medi-Cal program standards and procedures for coordinating health-related programs and services.
3. Provide consultation and technical assistance in the design, development and review of health related professional educational material.
4. Provide technical assistance on practitioner protocols, including the development of uniform policy and procedures on the care and treatment of Medi-Cal clients.
5. Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessment, treatment and care.
6. Provide ongoing liaison with Medi-Cal providers around issues of treatment, health assessment, preventive health services and medical care, program policy and regulations.
7. Identify, recruit, and provide technical assistance and support to new Medi-Cal providers.
8. Develop round tables, advisory or work groups of other skilled professional medical personnel to provide Medi-Cal program consultation.
9. Participate in the planning, implementation, and evaluation of services that relate to the Medi-Cal programs.
10. Participate in program workshops and meetings relating to the scope of Medi-Cal program benefits and changes in program management.
11. Participate in the development and review of Medi-Cal health-related regulations, policies and procedures such as scopes of work, Memoranda of Understanding and other related Medi-Cal health care services, and other health care service standards for total quality management.

FUNCTION #9

QUALITY MANAGEMENT BY SKILLED PROFESSIONAL MEDICAL PERSONNEL

This function is to be used only by skilled professional medical personnel and only when performing quality management activities such as monitoring the authorization for medical services (utilization review) process, ongoing program assessment and evaluation, and the development of standards and protocols.

Examples of activities, which are included in this function, are:

1. Conduct periodic review of protocols.
2. Perform peer reviews, medication management and monitoring, and monitoring of the service authorization and re-authorization process.
3. Schedule, coordinate, and conduct medical chart or case reviews for adequacy of assessment, documentation and appropriate intervention.
4. Schedule, coordinate, and conduct quality assurance activities; evaluate compliance with program standards; and monitor the clinical effectiveness of programs, including Medi-Cal client satisfaction surveys.
5. Evaluate the need for new modalities of medical treatment and care.
6. Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessment, preventive health services and medical care, and respond to appeals on medical quality of care issues.
7. Complete paperwork directly associated with the above activities.
8. Travel time directly associated with the performance of the above activities.

FUNCTION #10

NON-PROGRAM SPECIFIC GENERAL ADMINISTRATION

This function is to be used by all staff when performing non-program specific administrative activities that relate to multiple functions or to no specific, identifiable functions due to the general nature of the activities. It is also to be used to record any break time as well as time that may become overtime or earned compensatory or certified time off.

Examples of activities, which are included in this function, are:

1. Review departmental or unit procedures and rules.
2. Develop and implement program administrative policies and fiscal procedures.
3. Participate in the design, development and review of health related professional educational material.
4. Attend non-program related staff meetings.
5. Provide general supervision of staff, including supervision of interns and students.
6. Develop and provide health promotion activities for agency employees.
7. Provide and attend non-program specific in-service orientations and other staff development activities.
8. Develop budgets and monitor program expenditures.
9. Review of technical literature and research articles.
10. Provide general clerical support.
11. Draft, analyze, and/or review reports, documents, correspondence and legislation.
12. Direct recruitment, selection and the hiring process; perform employee evaluations.

FUNCTION # 11

OTHER ACTIVITIES

This function is to be used by all staff to record time performing activities, which are not specific to the administration of the Medi-Cal program.

Examples of activities, which are included in this function, are:

1. Outreach activities that inform individuals about non-Medi-Cal health programs financed by other federal and State programs.
2. Program planning and policy development activities of non-Medi-Cal programs financed by other federal and State programs.
3. Develop funding proposals, which do not benefit the Medi-Cal population.
4. Coordinate or participate in research activities, which do not benefit the Medi-Cal population.
5. Write grants for federal funding for services/activities which do not benefit the Medi-Cal population.
6. Participation in health promotion activities for agency employees.
7. Provide client-specific, health related services which can be billed as fee-for-service to Medi-Cal, including Targeted Case Management; another State program; private insurance; the client; or, the county health department.
8. Activities otherwise funded through the Medi-Cal Program.

FUNCTION #12

PAID TIME OFF

This function is to be used by all staff to record usage of paid leave, holiday, vacation, sick leave and so on. Do not record on the time study, lunchtime, dock time, absent without pay, or compensatory/certified time off (CTO). CTO shall be recorded under Function #10, Non-Program Specific General Administration, when it is earned.

MEDI-CAL FACTOR

Policy

FFP funds are intended to reimburse costs for the time spent doing certain administrative activities that benefit the Medi-Cal eligible population exclusively. However, AFLP/ASPPP activities are generally performed for both Medi-Cal and non-Medi-Cal populations. Therefore, it is necessary to use a factor to identify Medi-Cal population. The Medi-Cal factor is an adjustment based on the percentage of the program population, which are currently on Medi-Cal. There are two allowable methods for determining the Medi-Cal factor:

- 1) a population wide, publicly available, documented statistic or
- 2) direct documentation of Medi-Cal beneficiary identification number.

The percentage of each staff person's time that is not eligible for match may be claimed with non-FFP funds such as Title V, unmatched state general funds, or agency funds. The Medi-Cal factor is applied to all positions funded in whole or in part by Title XIX.

If your Agency is using a Medi-Cal Factor based on the actual number of clients in the AFLP/ASPPP Program who are Medi-Cal beneficiaries, please use the following definition to calculate that number:

- if the pregnant AFLP client is a Medi-Cal beneficiary, count 1
- if both the AFLP parent and index child (child born to AFLP client while on AFLP) are Medi-Cal beneficiaries, count 1
- if the AFLP client is not a Medi-Cal beneficiary, but the index child is, count 1
- if the ASPPP client is a Medi-Cal beneficiary, count 1

Contact your Program Consultant/Contract Manager if there are questions about program participants that do not meet the above criteria.

Procedure

The percentage of clients who are on Medi-Cal for a given claiming period is the appropriate percentage of the FTE to be funded through Title XIX matched funds. For case management activities, the Agency must determine the percentage of activities matchable under FFP Guidelines.

STAFF REQUIREMENTS

Policy

An organization chart(s), job specifications (see Glossary for definition) and duty statements are required as part of the Agency's annual AFA. The organization chart is used to determine the relationship/role of each position in the organization. The employee job specification will be used to evaluate the level of health care knowledge required for an SPMP position. The duty statement is used to document that the individual is performing duties eligible for matching funds. The duty statement must reflect those activities as they are listed in the FFP function codes.

ENHANCED FUNDING REQUIREMENTS

Policy

The level and percentage of matching is dependent upon the following:

- the employer-employee relationship with the primary contracting agency,
- the health related professional qualifications of individual staff,
- the specific activities each staff perform, and
- the proportion of their target population which are Medi-Cal beneficiaries.

It is very important that the Agency revise any staff documentation materials when changes occur. All claiming documentation, whether out of date or still valid, must be kept by the Agency through the documentation retention period (see Other Administration Section - Audits and Evaluations for detailed information.)

The enhanced federal matching rate (75%) is only available to a governmental entity that contracts directly with the MCH Branch or a Subcontractor of a governmental agency that is also a governmental entity. The enhanced federal matching rate can be claimed for salaries, benefits, travel, and training of SPMP and their directly supporting clerical staff who are in an employee-employer relationship with the governmental Agency and are involved in activities that are necessary for proper and efficient Medi-Cal administration.

For reimbursement at the 75 percent rate, SPMP staff costs must meet all the following conditions:

- time spent performing those duties must require SPMP knowledge and skills,
- the job specifications must require an SPMP, and
- activities must fall within function codes; #2, #3, #6, #8 and #9.

Directly supporting clerical staff costs may be matched at the 75 percent rate when performance of those clerical job responsibilities directly support SPMP staff (Part 432.2, 42 CFR) to the extent of enhanced activities. For claiming to be allowable at the enhanced rate, the clerical staff must be directly supervised by a SPMP, as shown on an organizational chart, and must:

- be secretarial, stenographic, copy, file, or record clerks providing direct support to the skilled professional medical personnel, and
- provide clerical services directly necessary for carrying out the professional medical responsibilities and function codes of the skilled professional medical personnel. (Documentation must exist, such as a job description, which states that the services provided for the SPMP are directly related and necessary to the execution of the SPMP responsibilities).

Expenditures for the actual furnishing of medical services by SPMP do not qualify for reimbursement via Medi-Cal administrative claiming as medical services are paid for in the fee-for-services system.

Enhanced activities must be performed by Skilled Professional Medical Personnel (SPMP) and support staff. Please refer to the Federal Financial Participation (FFP) Guidelines at the end of this Section for a detailed description of requirements.

Time studies must be completed at least quarterly for ANY personnel funded in whole or in part with federal Title XIX funds.

Agency must complete a time study worksheet identifying ALL activities performed, whether for AFLP/ASPPP or other programs, for a period of one month in each quarter (see FFP guidelines in this Section). In the event that time off is taken during the time study month, a time study worksheet encompassing a minimum of activities for a two-week period may be acceptable. (Please contact your Contract Manager for further details.) Values from the time study worksheet summary must be inserted into the FFP Calculation File to calculate actual percentages of time.

PROFESSIONAL CLASSIFICATION

Policy

The Agency has the responsibility to substantiate claiming based on SPMP status. The Agency's job class specification must stipulate that the incumbent be from one of the below classifications and the program duty statement must reflect enhanced and non-enhanced activities.

- SPMP per the Title 42, Code of Federal Regulations (CFR), Chapter IV, and the Federal Register:
- Physician;
- Registered Nurse;
- Physician Assistant;
- Dentist;
- Dental Hygienist;
- Nutritionist - with a Bachelor of Science (B.S.) degree in Nutrition or Dietetics and eligible to be registered with the Commission of Dietetics Registration (R.D.);
- Medical Social Worker - with a Master's Degree in Social Work (MSW) with a specialty in a medical setting;
- Health Educator - with a Master's degree in Public or Community Health Education and graduation from an institution accredited by the American Public Health Association or the Council on Education for Public Health; and
- Licensed Vocational Nurse - with graduation from a two-year program.
- SPMP per the U.S. Department of Health and Human Services Departmental Appeal Board decisions:
- Licensed Clinical Psychologist - with a Ph.D. in psychology.
- SPMP per State Department of Health Services policy:
 - a) Licensed Audiologist - certified by the American Speech and Hearing Association;
 - b) Licensed Physical Therapist;
 - c) Licensed Occupational Therapist - registered by the National Registry of American Occupational Therapy Association;
 - d) Licensed Speech Pathologist; and
 - e) Licensed Marriage, Family, and Child Counselors.

PROFESSIONAL EDUCATION AND TRAINING

Policy

SPMP are required to have education and training at a professional level in the field of medical care or appropriate medical practice before FFP can be claimed at 75 percent. "Education and training at professional level" means the completion of a two-year or longer program leading to an academic degree or certificate in a medically related profession. Completion of a program may be demonstrated by possession of a medical license, or certificate issued by a recognized national or staff medical licenser or certifying organization, or a degree in a medical field issued by a college or university certified by a professional medical organization. Experience in the administration, direction, or implementation of the Medicaid program will not be considered the equivalent of professional training in a field of medical care.

SPMP includes only professionals in the field of medical care. SPMP does not include non-medical health professionals, such as public administrators, medical budget directors, analysts, lobbyists, or senior managers of public assistance or Medicaid programs.

Procedure

Complete the SPMP questionnaires (located in this Section) to determine the SPMP/non-SPMP status of employees. As part of the Agency's claiming documentation file, SPMP questionnaires should be kept on file at the Agency through the documentation retention period.

The questionnaire need be administered only once, although periodic repetition may help the Agency to identify changes in staff education and composition, and may therefore yield a higher SPMP ratio in the staff.

The questionnaire and instructions for completion are located in this Section of these Policies and Procedures. Please photocopy as needed.

NON-ENHANCED FUNDING REQUIREMENTS

Policy

Non-enhanced federal matching rate (50%) can be claimed for any of the Agency's staff who are involved in activities that are necessary for proper and efficient Medi-Cal administration. The governmental status of the Agency or subcontracted agency and/or the employee-employer relationship of an Agency are not eligibility criteria in claiming for the non-enhanced federal matching rate. This includes claiming for SPMP and directly supporting clerical staff performing related activities that are non-enhanced and all staff of non-governmental entities, which contract with the Agency.

DOCUMENTATION

Policy

The following types of documentation must be part of your time study/FFP audit file:

- organization chart(s),
- job specification for each SPMP position,
- position duty statement for each employee,
- training log, agenda/brochure of training, and registration receipt,
- correspondence related to MCH FFP policies,
- daily logs, appointment books, or calendars and meeting agendas and minutes which support the coded activities on time studies,
- working papers used to calculate/develop quarterly invoices,
- SPMP questionnaire for claiming status, and
- signed quarterly time studies.

Documentation of staff time, for those staff who receive FFP, is accomplished through the use of time-studies. All such staff must complete a time-study.

The time study must:

- utilize the function codes as specified and defined in the FFP Guidelines for MCH Programs,
- delineate activities performed under function codes by each program,
- be completed during the same period, (first, middle, or last month) of each calendar quarter and encompass an entire month, unless a waiver has been granted by CMS,
- account for all time, each work day, in the period being studied. It must also clearly differentiate the time spent in each function code for each program,
- be signed and dated by the employee and the immediate supervisor of the employee under declarations of accuracy and compliance with MCH FFP requirements. These original time study forms must be retained.

Any variance from the above must be discussed with the Agency's Program Consultant or Contract Manager

Each position identified on the MCH Agreement must be shown on an organization chart. Employee job specifications and duty statements must be kept on file. In addition to the time study forms, supplemental documentation is required to support the information recorded on the time study forms. All FFP supportive claiming materials must be for a minimum of three years from the date of the last paid invoice or final audit report, whichever is latest.

FFP CALCULATION

The mathematics associated with calculating the pro-ratio and distribution of time into enhanced/non-enhanced/non-matchable/non-claimable categories are complex. The MCH Branch has incorporated these calculations on an FFP calculation file, a sample of which is located at the end of this Section. **ALL AGENCIES ARE REQUIRED TO USE THIS FILE IN ORDER TO CLAIM FFP FUNDS THROUGH TITLE XIX.** Please contact your Contract Manager if you do not have an FFP Calculation file. If an Agency wishes to use an alternate time calculation/distribution method, a request must be made in writing, describing the alternative method along with full explanation of methodology used and proof of outcomes consistent with the MCH Branch FFP Calculation File.

MISCELLANEOUS

Policy

Non-personnel expenses (capital expenditures, indirect costs and other operating costs) may be funded through non-enhanced match up to the combined percentages claimed for enhanced and non-enhanced personnel expenses on the budget.

Expenses specifically ineligible for reimbursement through FFP include, but are not limited to, incentives, direct client services eligible for reimbursement via Medi-Cal fee-for-service or managed care contracts, client services counted as a Targeted Case Management (TCM) encounter and child care.

SPMP Questionnaire

DATE:

TO:

FROM:

RE: SKILLED PROFESSIONAL MEDICAL PERSONNEL
QUESTIONNAIRE FOR CLAIMING STATUS

To determine whether you qualify as Skilled Professional Medical Personnel for claims being made for Medi-Cal administration, please complete the following form and return it to the person indicated above no later than _____ as this is very important for our funding. Thank you.

Name _____

Department _____

Position Classification _____

1.A Does this position require that it be filled with one of the classifications listed in the Fiscal Section on page 59?

1.B Are you a physician licensed to practice medicine in the State of California? _____

If **YES**, provide license number (_____), sign this form and turn it in.
If **NO**, proceed to Question 2.

2. Have you completed an educational program in a health or health-related field? _____

If **YES**, list the highest academic degree you received in a health or health-related field, the subject in which it was received, and the name of the college/university where it was earned, and proceed to Question 3.

_____ Academic Degree Field

_____ College/University

If **NO**, stop, sign this form and turn it in.

3. Did your educational program last at least two years? _____

If **YES**, proceed to Question 4.
If **NO**, stop, sign this form and turn it in.

4. Did your educational program lead to a California licensure in a medically-related profession?

If **YES**, provide license type and number, and sign this form and turn it in.

License Type	License Number
--------------	----------------

If **NO**, proceed to Question 5.

5. Did your educational program lead to certification or registration by a health or health-related national or California certifying organization? _____

If **YES**, please provide certification/registration type and number (if appropriate), the name of the certifying organization, and sign this form and turn it in.

Certificate/Registration Type	Cert./Reg. Number
-------------------------------	-------------------

Certifying/Registry Organization

If **NO**, proceed to Question 6.

6. Did part of your educational program involve medical or health-related training including fieldwork (for example, in the area of health, mental health, or substance abuse)? _____

If **YES**, describe the training/fieldwork and sign the form and turn it in.

If **NO**, proceed to Question 7.

7. As a part of your educational program, did you take any courses, which had a medical or health-related focus (for example, about health, mental health or substance abuse)? _____

If **YES**, list these courses below and sign this form and turn it in.

If **NO**, sign this form and turn it in.

Signature

Date

SPMP QUESTIONNAIRE INSTRUCTIONS

The following instructions are to be used when completing the SPMP Questionnaire:

Item	Information to Enter
Date	Enter the date that this SPMP Questionnaire is being completed.
TO	Address the Questionnaire to the Agency MCH Director.
FROM	Enter the name of the person forwarding the Questionnaire to the MCH Director.
Name	Enter the name of the staff for which the Questionnaire is being completed.
Department	Enter the name of the Department staff for which the Questionnaire is being completed.
Position Classification	Provide the position classification name for the staff for which the Questionnaire is being completed.
1.A	Ensure that the Agency Job Specification for the position this staff occupies, requires it be filled with one of the classifications listed in the Fiscal Section on page 59.
1.B	Answer YES or NO. If the answer is YES, sign and date the Questionnaire and forward it to the Agency MCH Director. If the answer is NO, proceed to Question 2.
2.	Answer YES or NO. If the answer is YES, list the highest academic degree received in a health or health related field, subject in which it was received and name of college or university where it was earned. Proceed to Question 3. If the answer is NO, sign and date the Questionnaire and forward it to the Agency MCH Director.
3.	Answer YES or NO. If the answer is YES, proceed to Question 4. If the answer is NO, sign and date the Questionnaire and forward it to the Agency MCH Director.
4.	Answer YES or NO. If the answer is YES, list the license type and number. Sign and date the Questionnaire and forward it to the Agency MCH Director. If the answer is NO, proceed to question 5.
5.	Answer YES or NO. If the answer is YES, list certification/registration type and number (if appropriate), name of the certifying organization. Sign and date the Questionnaire and forward it to the Agency MCH Director. If the answer is NO, proceed to Question 6.
6.	Answer YES or NO. If the answer the YES, briefly describe the training/fieldwork, sign and date the Questionnaire and forward to the Agency MCH Director. If the answer is NO, proceed to Question 7.
7.	Answer YES or NO. If the answer is Yes, list appropriate courses. Sign the Questionnaire and forward it the Agency MCH Director. If the answer is NO, sign and date the Questionnaire and forward it to the Agency MCH Director.

You meet the SPMP eligibility requirements if your position requires that it be filled from one of the listed classifications in the Fiscal Section on page 59 and if you answered:

- **YES** to Question 1A and
- **YES** to Question 1B, or
- **YES** to Questions 2, 3, and 4, or
- **YES** to Questions 2, 3, and 5.

You do not meet the SPMP eligibility requirements if you answered:

- **NO** to either Questions 2, 3, **OR** 7.

Respondents who complete either Question 6 or 7 must be evaluated on a case-by-case basis depending on the nature and extent of the health-related training received in their education program. Contact your Program Consultant or your Contract Manager for assistance.

**Maternal and Child Health
Federal Financial Participation
Staff FFP Calculation Program (version 2.03)**

1	Time Study Period:		Bud Line #	
2	Last Name:		First Name:	
3	Classification:			
4	Agency:		SPMP(Y/N):	

5 Please type in the letter designation for the program name that correspondes to each letter.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">Program A:</td><td style="width: 85%;">"Program"</td></tr> <tr><td>Program B:</td><td>"Program"</td></tr> <tr><td>Program C:</td><td>"Program"</td></tr> <tr><td>Program D:</td><td>"Program"</td></tr> <tr><td>Program E:</td><td>"Program"</td></tr> <tr><td>Program F:</td><td>"Program"</td></tr> </table>	Program A:	"Program"	Program B:	"Program"	Program C:	"Program"	Program D:	"Program"	Program E:	"Program"	Program F:	"Program"	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">Program G:</td><td style="width: 85%;">"Program"</td></tr> <tr><td>Program H:</td><td>"Program"</td></tr> <tr><td>Program I:</td><td>"Program"</td></tr> <tr><td>Program J:</td><td>"Program"</td></tr> <tr><td>Program K:</td><td>"Program"</td></tr> <tr><td>Program L:</td><td>"Program"</td></tr> </table>	Program G:	"Program"	Program H:	"Program"	Program I:	"Program"	Program J:	"Program"	Program K:	"Program"	Program L:	"Program"
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Program J:	"Program"																								
Program K:	"Program"																								
Program L:	"Program"																								

6 Please indicate the Medi-Cal Factor for each MCH program identified above. (".##")

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">"Program"</td><td style="width: 85%;"></td></tr> <tr><td>"Program"</td><td></td></tr> <tr><td>"Program"</td><td></td></tr> <tr><td>"Program"</td><td></td></tr> <tr><td>"Program"</td><td></td></tr> <tr><td>"Program"</td><td></td></tr> </table>	"Program"		"Program"		"Program"		"Program"		"Program"		"Program"		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">"Program"</td><td style="width: 85%;"></td></tr> <tr><td>"Program"</td><td></td></tr> <tr><td>"Program"</td><td></td></tr> <tr><td>"Program"</td><td></td></tr> <tr><td>"Program"</td><td></td></tr> <tr><td>"Program"</td><td></td></tr> </table>	"Program"		"Program"		"Program"		"Program"		"Program"		"Program"	
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Monthly Data Entry for Summary of FFP Time Study Information (v2.03)

0	Time Study Period	0
0	Classification:	0
	Agency:	0

Enter time-study information below.

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Allocated Functions

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
10							0.00
12							0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00

"Program"

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
1							0.00
2							0.00
3							0.00
4							0.00
5							0.00
6							0.00
7							0.00
8							0.00
9							0.00
11							0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00

"Program"

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
1							0.00
2							0.00
3							0.00
4							0.00
5							0.00
6							0.00
7							0.00
8							0.00
9							0.00
11							0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Time-Study Data Report for Summary of FFP (v2.03)

0	:Last	Time Study Period:	0
0	:First	Classification:	0
0	:Budget Line #	Agency:	0

The following percentages have been generated for each program this person performs activities in. These percentages should be used on the invoice for this quarterly invoice period.

Percentage Model for Distribution of Staff Time

Program	Not Matchable	Non-Enhanced	Enhanced	Total
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
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"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

This information is to be used by agencies to determine the percentage of staff salary that is billable to MCH Programs. It is to be used by agencies that do not maintain a daily record of program time.

Staff Time Distribution by Program

Program	% of time per/Program	Program Medi-Cal Factors
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
Total	#DIV/0!	

BUDGET DOCUMENTS

GENERAL

Electronic media provided by the MCH Branch contain the Budget Summary Page and Detail Worksheets in Windows Excel Version 7.0 format. The file used **MUST** be completed and sent with your AFA (RFA) package. These documents are updated annually. Please ensure that the most current versions are utilized.

All Budget Summary Page and Detail Worksheet cells (i.e., boxes) which allow data input are yellow. All other numbers are calculated by formulas embedded in the worksheet cells. To prevent accidental entries, these cells have been **password protected**. Any unauthorized change made to the original file format will require a resubmission by the Agency.

The Detail Worksheets were designed to accommodate four decimal places when distributing the line items percentages among the funding categories (i.e., 2154 = 21.54%).

The Detail Worksheets for Personnel, Operating Expenses and Other Costs accommodate dollars and cents (i.e., \$23,456.78) to eliminate most rounding errors. The totals are rounded to whole dollars when forwarded to the Budget Summary Page.

The letters and numbers in parentheses, which appear in the top row, denote column references (i.e., (A) and (3) refer to column A or column 3 on the spreadsheet). The Detail Worksheets have been designed so that as you scroll down and across the worksheet the column references will remain at the top of your screen.

The print command will automatically generate the Budget Summary Page and the two Detail Worksheets (a total of three pages).

Policy

Budget Documents are a component of the final approved Agreement.

Budget Documents include a completed Budget Justification, Detail Worksheets, and a Budget Summary Page consisting of the following five line items:

- Personnel
- Operating Expenses
- Capital Expenditures
- Other Costs
- Indirect Costs

Procedure

Agency must submit the following completed budget documents with the AFLP/ASPPP application:

- Budget Summary Page
- Detail Worksheets
- Budget Justification Narrative
- Medi-Cal Factor Justification (see FFP Guidelines Section)

BUDGET DOCUMENT INSTRUCTIONS

GENERAL

The Budget Documents form the basis for Agency payments and fiscal accountability for full compliance audits. All expenses shown on the Budget Documents must directly relate to the accomplishment of the goals, objectives, activities, timelines, and outcomes identified in the SOW. Submit separate Budget Documents in both hard copy and electronic media, for each MCH funded program (i.e., AFLP and ASPPP). One file is used for both budgeting and invoicing purposes.

BUDGET SUMMARY PAGE

The Budget Summary Page is located on the budget tab of the budget/invoice file and contains the following five line items identifying estimated expenditures:

Personnel	The information for these three line items is automatically forwarded through the completion of the Detail Worksheets.
Operating Expenses	
Other Costs	
Capital Expenditures <i>Refer to Capital Expenditure and Inventory-Controlled Items Section of these Policies and Procedures for complete guidelines</i>	The expenses for this line item must be entered on the J-Capl tab of the budget/invoice file. Up to five separate items can be entered. The total will automatically forward to the Budget Summary Page. The appropriate distribution of Capital Expenditures can be found in the % Personnel Match box located at the top right of the Budget Summary Page. Initial distribution of Capital Expenditures is provided by formulas located in unprotected cells. These calculations are based on % Personnel Matched. They can be changed or deleted as needed.
Indirect Costs	Funding source percentages for indirect costs are automatically forwarded from Personnel Detail Worksheet. Indirect Costs are limited to a maximum of 10% of salaries without benefits.
Month of Service Reconciliation	The total months of service must be entered into the respectively labeled cell.

The Budget Summary Page also contains a Fund Balance mechanism, which provides a convenient way to compare budgeted Title V and State General Funds to the fiscal year allocations. The Fund Reconciliation must be balanced to within \$50. No negative balances are allowed. Additionally, the Fund Reconciliation provides budgeted totals for Agency general funds and matching Title XIX funds.

Total Title V	The Agency must enter the allocation totals for these two funding categories. These totals are found on the Allocation Table included in this later in the Section. The budgeted amounts and funding source balances are automatically calculated and forwarded from information entered on the Budget Summary Page and Detail Worksheets.
Total State General Fund	
Total Agency General Fund	
Total Matching Title XIX	

Additionally, the Budget Summary Page contains certification statements, which must be signed and dated by the AFLP/ASPPP Project Director or MCH Director and the Agency's Fiscal Agent.

A sample of the Budget Summary Page and Detail Worksheet is located later in this Section.

DETAIL WORKSHEETS

There are two Detail Worksheets titled as follows:

- Operating Expenses and Other Costs Detail Worksheet
- Personnel Detail Worksheet

The totals resulting from the completion of the Detail Worksheets will be automatically forwarded to the Budget Summary Page.

Personnel Detail Worksheet

The total Personnel Costs' dollar amount forwarded to the Personnel line item on the Budget Summary Page is a result of all the information entered on this worksheet.

Benefit rates are shown as a percentage of salaries and wages. One average benefit rate for all staff may be entered on the Personnel Detail Worksheet in the benefit rate box provided. However, actual benefit costs may be used. For actual benefits, enter either Benefit Rate Per Staff or Actual benefit Amount Per Staff on the J-Pers tab of the Budget/Invoice file.

All AFLP/ASPPP staff, regardless of the percentage of AFLP/ASPPP time (unless included in indirect expense line items) or funding source support, must be included on the Personnel Detail Worksheet. All personnel must be identified by the program they are associated with.

List initials of staff in the column provided. Include job classification and program in the staffing column. Indicate if the position is vacant.

Indicate the total annual salary for employees as if they were employed full time.

Enter percent of FTE for each employee.

Enter the negotiated Medi-Cal factor per staff on the Personnel Worksheet to the right of the Enhanced Funding column. On the J-Pers tab, enter a V in the Variable Medi-Cal Factor column if the factor varies per quarter. Leave the cell blank if the factor is fixed at the negotiated rate through the enter fiscal year.

Anticipated salary increases must be included in the initial Personnel Detail Worksheet.

A salary saving is not an allowable cost.

An alternate method of determining matching rates for Travel costs may be used by identifying those specific individuals for whom travel is being charged. If this is the method of choice, identify individual personnel by placing an "X" in the Staff Travel column (Column 17). The match rate for Travel expenses will automatically be calculated based upon an average of the match percentages listed on the Personnel Detail Worksheet for those individuals specifically identified.

Operating Expense and Other Costs Detail Worksheet

The total Operating Expenses dollar amount forwarded to the Operating Expenses and Other Costs line item on the Budget Summary Page is a result of all the information entered on this worksheet.

The distribution of Operating Expenses should be consistent with the general distribution of personnel costs between matched and unmatched funding. The appropriate distribution of Personnel costs can be found in the % Personnel Match box located at the top right of the Budget Summary Page. Initial distribution of operating expense is provided by formulas located in unprotected cells. These calculations are based on % Personnel Matched. They can be changed or deleted as needed.

All matchable¹ operating activities are matched at the non-enhanced rate up to the % Personnel Match amount. The combined total in the Non-Enhanced Matching Federal/State and/or Federal/Agency cannot exceed the % listed in the % Personnel Matched box shown at the top of the Budget Summary Page.

Travel and Training are the only operating expenses that can be matched at an Enhanced rate. Travel and Training cannot be matched at a higher percentage than the respective matching percentages listed on the Personnel Detail Worksheet for those personnel for whom travel or training is being claimed².

There are two methods that may be used for determining match rates for travel costs:

- For non-employee specific costs, the Enhanced and Non-Enhanced percentages listed in the respective Federal/State and/or Federal/Agency columns on the Personnel line of the Budget Summary Page¹ must be used.
- For employee specific costs, each individual, for whom travel is being charged must be identified by an "X" in Column 17 of the Personnel Detail Worksheet. The computer will automatically calculate matching percentages for Travel expenses based upon an average of the matching percentages listed on the Personnel Detail Worksheet for those individuals specifically identified

Please construct your Operating and Other Expense Detail Worksheet in accordance with the following guidelines:

¹ Please consult with your Contract Manager to determine the matchable expenses.

² Bill-down option – Agencies always have the option to budget/bill less than the allowable amount and apply the difference to the lower match options (Unmatched or Non-Enhanced).

Travel	<p>Travel costs are for staff to attend conferences and training for related activities in the SOW. Out of State travel is allowed for Agency leadership to travel to these selected MCH national conferences:</p> <ul style="list-style-type: none"> • Annual meetings of the National Association of Maternal and Child Health Programs • CDC's MCH Epidemiology Conference • Annual City Match Conference • APHA Annual Meeting <p>Travel to other national conferences will be on a case-by-case basis. Out of state travel expenditures must be identified in the budget and budget justification and must be negotiated with the MCH Branch.</p>
	<p>Any Agency staff not funded with Agreement funds but who contribute a portion of their time to the MCH Program may qualify for travel expenses. However, prior MCH written approval must be obtained</p>
	<p>The State periodically establishes and adjusts travel rates and fees for State employees as outlined in the Short-Term Travel Reimbursement Information page found at the end of this Section. MCH cannot reimburse expenditures that exceed these ceilings without prior written approval..</p>
	<p>Written approval from MCH as well as any receipts required in the Short-Term Travel Reimbursement Information page found later in this Section must be retained by the Agency for audit purposes.</p>
Training	<p>Any Agency staff not funded with Agreement funds but who contribute a portion of their time to the AFLP/ASPPP Program may qualify for training expenses. However, prior MCH written approval must be obtained</p>
	<p>Training costs include items such as registration fees for related activities in the SOW.</p>
	<p>Prior written approval to host training, seminars, workshops, or conferences must be obtained from the MCH Branch prior to the training or conference. Reimbursement for hosting training will not be reimbursed without prior authorization from the MCH Branch.</p>
	<p>Agencies requesting authorization to host training or seminars must:</p> <ol style="list-style-type: none"> (1) describe the proposed training or seminar in the Budget Justification Narrative (2) submit, to the Contract Manager, a written request not less than 60 days prior to the proposed training or seminar date(s) which includes: <ul style="list-style-type: none"> • the date of proposed training or seminar location, • subject matter of the training or seminar draft of agenda, • list of instructors, • draft of instructional/educational materials, • targeted audience, • draft of publicity materials and • total cost.
Other Operating Expenses	<p>These include items such as space rental, office supplies, computer software, educational materials, duplication, postage and other operating costs.</p>
	<p>Enhanced funding is not allowable for Other Operating Expenses</p>

Subcontracts	<p>Subcontracts/consultant services are used only for activities directly related to the project. The use of a subcontractor or consultant must be clearly defined in the Budget Justification Narrative. Subcontractors can match federal funds at the enhanced rate only if the subcontractor is performing enhanceable activities AND IS A GOVERNMENTAL AGENCY. If a subcontractor is matching at either the enhanced or nonenhanced rate, they are subject to the all guidelines stated in Fiscal section (Federal Financial Participation Guidelines (FFP) for MCH Programs) of these Policies and Procedures.</p> <p>Refer to the Subcontracts section of these Policies and Procedures for additional information regarding subcontracts/consultant services.</p>
Other Costs	<p>Includes but is not limited to computers, and audio, visual, and telecommunications items (including personal digital assistance PDA's) having a base unit cost of less than \$5000; furniture having a base unit cost of \$500 and any additional items as requested by the Agency, should be included in the "Other Costs" line item.</p> <p>Also included are services such as media campaigns, advertising, un-reimbursed indirect expenses, etc.</p>

The total Other Costs dollar amount forwarded to the Other Costs line item on the Budget Summary Page is a result of all the information entered on this part of the worksheet.

FUND RECONCILIATION

Fund Reconciliation is located on the Budget/Invoice file. Select the Fund Reconciliation tab located at the bottom of the file. This sheet contains automatic calculations reconciling the data located on the approved budget sheet with the data located on all four quarterly invoice sheets and the supplemental invoice sheet. The Fund Reconciliation is used to monitor funding expenditures.

MEDI-CAL FACTOR JUSTIFICATION

Medi-Cal Factor Justification is located on the Budget/Invoice file. Select the Personnel Justification tab at the bottom of the file (J-Pers). Personnel initials, classifications, FTE, annual salary, Medi-Cal Factor and variable factor are already identified. Enter the Program Name, Data Source, and explanation of Medi-Cal Data source for all staff.

BUDGET JUSTIFICATION NARRATIVE

The Budget Justification Narrative is a supporting explanation of each item listed on the Budget Summary Page and the Detail Worksheets. It must include all particulars necessary as specified by the MCH Branch for evaluating the necessity or desirability of each expenditure. It must also include specific information regarding all listed expenditures. This portion of the Budget Documents is used for management, monitoring, and auditing purposes.

The Budget Justification Narrative is incorporated in the Budget/Invoice file. Justifications are entered on the five tabs located at the bottom of the file (J-Pers, J-Oper, J-Other and J-Indirect).

Please construct the Budget Justification Narrative in accordance with the following guidelines:

Personnel J-Pers tab	<p>List the following information for each staff:</p> <ul style="list-style-type: none"> • Actual Benefit Rate (optional, may use average benefit rate on budget Personnel Detail Worksheet) • Variable Medi-Cal Factor, if applicable • Program name • Source data for Medi-Cal Factor • Explanation for data source for any Medi-Cal Factor other than base factor provided by the MCH Branch.
Operating Expenses J-Oper tab	<p>Line item titles and amounts automatically roll to this sheet from the Budget sheet. Provide explanations for the following expense categories:</p> <ul style="list-style-type: none"> • Travel – Enter reimbursement rates for the following: • Agency Mileage • Agency per diem rate (meals and incidentals) • Agency maximum lodging rate, excluding taxes • Training – include a description of subject matter • Other Operating Expenses – explanation for all other line items.
Capital Expenditures J-Capl tab	<p>Include an itemized list explanation for necessity and cost of each capital expenditure. The total cost of Capital Expenditures is automatically forwarded to the Budget Summary Page.</p>
Other Costs	<p>List the following expense categories:</p> <ul style="list-style-type: none"> • Subcontracts - include subcontractor/consultant name (if known, activity descriptions and functions, and a brief explanation of how they relate to specific objectives in the SOW. • Other Costs - itemize all other elements.
	<p>List the requested MCH funding for each expense category.</p>
Indirect Costs	<p>List the percentage claimed and the total requested State AFLP/ASPPP funding.</p>

TRAVEL REIMBURSEMENT

Travel Reimbursement Information Effective November 1, 1999

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract.
 - a. Reimbursement shall be at the rates established for nonrepresented/excluded state employees.
 - b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract employee leaves his or her home or headquarters. "Headquarters" is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of special assignments.
 - c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on page 2 of this exhibit to determine the reimbursement allowance. All lodging must be receipted. If contractor does not present receipts, lodging will not be reimbursed.

(1) Lodging (with receipts):

Travel Location / Area	Reimbursement Rate
Statewide Non-High Cost Area	\$ 84.00 plus tax
High Cost Areas including the following counties:	
Alameda, San Francisco, San Mateo, Santa Clara	\$140.00 plus tax
San Diego and Los Angeles (L.A.).	\$110.00 plus tax

Reimbursement for actual lodging expenses exceeding the above amounts may be allowed with the advance written approval of the Deputy Director of the Department of Health Service or his or her designee. Receipts are required.

- (2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum.

Meal / Expense	Reimbursement Rate
Breakfast	\$ 6.00
Lunch	\$ 10.00
Dinner	\$ 18.00
Incidental	\$ 6.00

- d. Out-of-state travel may only be reimbursed if such travel has been stipulated in the contract and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors must have prior Departmental approval and a budgeted trip authority.
- e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on page 2 of this bulletin.
- f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.

2. If any of the reimbursement rates stated herein are changed by the Department of Personnel Administration, no formal contract amendment will be required to incorporate the new rates. However, DHS shall inform the contractor, in writing, of the revised travel reimbursement rates.
3. For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.
4. **Note on use of autos:** If a contractor uses his or her car for transportation, the rate of pay will be 34 cents maximum per mile. If the contractor is a person with a disability who must operate a motor vehicle on official state business and who can operate only specially equipped or modified vehicles may claim a rate of 34 cents per mile without certification and up to 37 cents per mile with certification. If a contractor uses his or her car "in lieu of" air fair, the air coach fair will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the state. Gasoline and routine automobile repair expenses are not reimbursable.
5. The contractor is required to furnish details surrounding each period of travel. Travel detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc.
6. Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

Travel Reimbursement Guide

Length of travel period	This condition exists...	Allowable Meal(s)
Less than 24 hours	Travel begins at 6:00 a.m. or earlier and continues until 9:00 a.m. or later.	Breakfast
Less than 24 hours	<ul style="list-style-type: none"> • Travel period ends at least one hour after the regularly scheduled workday ends, or • Travel period begins prior to or at 5:00 p.m. and continues beyond 7:00 p.m. 	Dinner
24 hours	Travel period is a full 24-hour period determined by the time that the travel period begins and ends.	Breakfast, lunch, and dinner
Last fractional part of more than 24 hours	Travel period is more than 24 hours and traveler returns at or after 8:00 a.m.	Breakfast
	Travel period is more than 24 hours and traveler returns at or after 2:00 p.m.	Lunch
	Travel period is more than 24 hours and traveler returns at or after 7:00 p.m.	Dinner

Allocation AFLP Budget Worksheet

Maternal and Child Health Branch

I. BUDGET SUMMARY PAGE		FY: 2002-03		Total Balance		SGF Balance		Title V Balance		Base MCF		MCH Project Budget			
Budget Revision Number:		Original													
Program: AFLP Adolescent Family Life				UNMATCHED FUNDING				NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency: Allocation/Grant No.:				AFLP-TV				AFLP-GF				AGENCY			
				(1)				(2)				(3)			
EXPENSE CATEGORY				TOTAL FUNDING				%				Federal Title V			
(I) PERSONNEL															
(II) OPERATING EXPENSES															
(III) CAPITAL EXPENDITURES															
(IV) OTHER COSTS															
(V) INDIRECT COSTS (10% MAX)															
TOTALS*															
Maximum Amount Payable from State and Federal resources:															
State Funding															
Total Title V															
Total State General Funds															
Total Agency General Fund															
Total Matching Title XD															
Totals															
Balances															
Budgeted															
% of Budget															
Months of Service:															
WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCH ADMINISTRATIVE AND PROGRAM POLICIES.															
MCH PROJECT DIRECTOR'S SIGNATURE										DATE		AGENCY FISCAL AGENT'S SIGNATURE		DATE	
* These amounts contain local revenue submitted for information and matching purposes. MCH does not reimburse Agency contributions.															
State Use Only															
(I) PERSONNEL				AFLP-TV				AFLP-GF				AGENCY			
(II) OPERATING COSTS															
(III) CAPITAL EXPENDITURES															
(IV) OTHER COSTS															
(V) INDIRECT COSTS															
Totals for PCA Codes **															

Program: APLP Adolescent Family Life		ENHANCED MATCHING (75/25)		ENHANCED MATCHING (50/50)		UNMATCHED FUNDING		AGENCY		APLP-TV		APLP-GE		APLP-N		APLP-E		CMTY-E		CMTY-N		CMTY-E	
Agency: Allocation/Grant No.:		(1)		(2)		(3)		(4)		(5)		(6)		(7)		(8)		(9)		(10)		(11)	
EXPENSE CATEGORY		TOTAL FUNDING		%		Federal Title V		%		State General Funds		%		Local * Revenue		%		Combined Fed/State		%		Combined Fed/Agency	

III. OPERATING EXPENSES WORKSHEET																						
TOTAL OPERATING EXPENSES																						
TRAVEL																						
TRAINING																						
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						

IV. OTHER COSTS WORKSHEET																						
TOTAL OTHER COSTS																						
SUBCONTRACTS																						
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
OTHER CHARGES																						
UNREIMBURSED INDIRECT																						
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						

Maternal and Child Health Branch

[illegible]

I. PERSONNEL WORKSHEET									
TOTAL PERSONNEL COSTS									
BENEFIT RATE									
ACTUAL BENEFITS									
TOTAL WAGES									
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY						
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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16									
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21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									

Grant AFLP Budget Worksheet

I. BUDGET SUMMARY PAGE		FY: 2002-03	
Budget Revision Number:		Original	
Title V Balance	SGF Balance	Total Balance	Base MCF
			% Personnel Matched

Program	Agency	Allocation/Grant No.	UNMATCHED FUNDING				NON - ENHANCED MATCHING (50/50)				Requesting Staff						
			AFLP-TV		AFLP-GF		AGENCY		AFLP-N			CNTY-N					
EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
(I) PERSONNEL																	
(II) OPERATING EXPENSES																	
(III) CAPITAL EXPENDITURES																	
(IV) OTHER COSTS																	
(V) INDIRECT COSTS (10% MAX)																	
TOTALS*																	

Maximum Amount Payable from State and Federal resources:		Months of Service:	
Total Title V	State Funding	Budgeted	% of Budget
Total State General Funds			
Total Agency General Fund			
Total Matching Title XD			
Totals			

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCH ADMINISTRATIVE AND PROGRAM POLICIES.

MCH/PROJECT DIRECTOR'S SIGNATURE

DATE

DATE

AGENCY FISCAL AGENT'S SIGNATURE

* These amounts contain local revenue submitted for information and matching purposes. MCH does not reimburse Agency contributions.

State Use Only

	AFLP-TV	AFLP-GF	AFLP-N	CNTY-N
(I) PERSONNEL				
(II) OPERATING COSTS				
(III) CAPITAL EXPENDITURES				
(IV) OTHER COSTS				
(V) INDIRECT COSTS				
Totals for PCA Codes **				

AMENDMENTS – Grants Only

Policy

MCH allows changes to previously approved Budget Documents to more accurately reflect actual expenditures incurred for activities performed.

An amendment is necessary for Agreements requiring certification, as defined in the glossary, when any of the following circumstances occur:

- budget line item transfers which exceed \$50,000 in the aggregate or an amount designated by the State,
- the maximum amount payable is increased,
- new programs or program components are added,
- existing programs are deleted.

Amendment requests, by either the MCH Branch or the Agency, must be made in writing.

All amendment requests require MCH Branch approval.

Procedure

Submit a cover letter with justification that includes the purpose and effective date of the amendment. Attach appropriate documentation, which may include the following:

- revised dated SOW,
- revised, dated, completed Budget,
- revised Budget Justification with supporting worksheets,
- revised or additional duty statements, and/or
- additional Agency Position Classification Specifications.

The above materials should be submitted in hard copy and electronic media.

Amendment requests shall be considered for approval only if postmarked by March 31 or 90 calendar days prior to the close of the fiscal period for which the Agreement is in effect.

BUDGET REVISIONS (Grants)

Policy

Health and Safety Code, Chapter 1033, Section 38081.1 (Statutes of 1993) allows line item transfers which do not exceed \$50,000 in the aggregate or an amount designated by the State for Agreements which require certification as defined in the glossary.

Budget Revision requests will not be processed pending Agreement or Amendment certification.

Please see “BUDGET REVISION INSTRUCTIONS (General)” for additional detailed information.

BUDGET REVISIONS (Allocations)

Policy

MCH allows changes to previously approved Budget Documents to more accurately reflect the expenditures incurred for activities performed.

Budget Revision requests, by either the MCH Branch or the Agency, must be made in writing.

All Budget Revisions require prior MCH Branch approval.

Procedure

The Agency must submit a written request for a Budget Revision.

MCH and Agency staff negotiates the proposed changes.

The MCH Contract Manager will respond in writing regarding the approval/denial of the proposed Budget Revision.

BUDGET REVISIONS INSTRUCTIONS (General)

A Budget Revision request must include the following documents:

- cover letter which includes a detailed description of proposed changes,
- revised Budget Summary Page (Budget tab),
- revised Detail Worksheets (Budget tab),
- revised Budget Justification (J-Pers, J-Oper, J-Capl, J-Other, J-Indirect),
- revised or additional duty statements (if applicable),
- revised or additional job specifications (if applicable).

Revised Budget Summary Page, Detail Worksheets, and Budget Justification must be submitted in both hard copy and via electronic media.

Budgets should be revised no more than twice a year.

Budget Revision requests must be postmarked no later than **May 15** of the current fiscal year.

Please do not simultaneously submit Budget Revisions and affected invoices. Budget Revisions must be processed before MCH Accounting can process affected invoices.

Submit an original and three copies of the Budget Revision requests to the following address:

**Department of Health Services
Maternal and Child Health Branch
Operations Section
Attn: Contract Manager
714 P Street, Room 708
Sacramento, CA 95814**

INVOICE DOCUMENTS

Policy

MCH reimburses agencies for actual costs incurred in meeting the objectives as specified in the SOW not to exceed program amounts in the budget. Expenses requiring prior written approval will be reimbursed only if approval has been granted.

Invoices claiming federal Title XIX funds must be based on quarterly time studies rather than approved Budget Documents, as the budget documents are only an estimate of expenditures. See Fiscal section (Funding, FFP Guidelines) for detailed information.

Invoices claiming federal Title XIX funds must be accompanied by the most current version of the FFP Calculation File “Time Study Data Report for Summary of FFP” for each staff claiming FFP. Staff not claiming FFP must still maintain a record of time billable to MCH.

Agency is responsible for Federal audit exceptions and must indemnify the State in the event any exceptions are found, such as services:

- which are not eligible,
- for which there is no proper FFP match, or
- for which Agency dollars are not expended to claim FFP. MCH payment of invoices **is not evidence of allowable MCH Allocation Plan and Budget costs. Allowable costs are determined by means of a State fiscal and/or program audit**

Acceptable AFLP/ASPPP invoices must take the form of:

- quarterly, or
- supplemental, if needed

Invoices containing a reimbursement request for Capital Expenditure or for inventory-controlled items from the Other Cost Detail Section of the Operating and Other Costs Detail Worksheet, must include an EXHIBIT A-1 listing the purchased items. Use a copy of the EXHIBIT A-1 located in the Other Administrative Section (EXHIBIT A-1 Instructions) of these policies and procedures.

Invoices based upon amendment changes cannot be paid until the amendment is certified. For amendments certified within 30 days of the final invoice due date, the final invoice submission deadline will be extended an additional 30 days. For amendments certified after the final invoice due date, the final invoice submission deadline will be 30 days from the date the amendment is certified.

Procedure

Within 45 calendar days after the close of your quarterly billing period, submit the following for each invoice:

- one cover letter,
- invoice (in both hard copy and electronic file), and
- “Time Study Data Report for Summary of FFP” for each staff claiming FFP,
- EXHIBIT A-1, if applicable.

Supplemental invoices may be postmarked up to 90 calendar days after the Agreement expires, terminates or the fiscal year ends (whichever is earlier).

The final invoice (which may be the 4th quarter or supplemental to any previously submitted invoice) must be postmarked no later than 90 calendar days after termination date, expiration date or fiscal year end (whichever is earlier).

MCH Branch Contract Manager will review all invoices for accuracy, completeness and consistency with SOW and budget.

MCH will return any invoice that cannot be processed within 15 days of receipt.

MCH will process the acceptable invoice through the Department's accounting office and the State Controller for payment to the Agency.

Please see Budget Documents of these Policies and Procedures for detailed information on file capabilities and formatting.

INVOICE DOCUMENT INSTRUCTIONS

One Excel workbook contains tabs for the Budget, Budget Justifications, Four Quarterly Invoices and the Reconciliation Table. Each worksheet is linked and any data entered in the budget or invoices will automatically update other documents and the Reconciliation table.

Invoices will be returned unpaid if not submitted within the parameters below. Refer to the Sample Invoice Cover Letter and Sample Invoice located later in this Section for content and formatting.

Submit an original and one copy (without any whiteout or correction tape) of the cover letter and invoice in both hard copy and electronic file, following the guidelines below:

COVER LETTER	
The cover letter must:	be printed on official Agency letterhead.
	include the date the cover letter was prepared.
	include the Agreement Number as shown on your approval letter.
	indicate invoice number.
	indicate the total amount of the invoice.
	indicate inclusive dates for invoicing period.
	include original signatures.
	Include small business indicator stamp, if applicable.
INVOICE	
The invoice must:	include original signatures by the Agency's fiscal agent and AFLP/ASPPP Project Director or MCH Director below the certification statements.
	include appropriate expenditures according to the Agreement.
	include allocation number as shown on your approval letter.
	Include EXHIBIT A-1 listing appropriate items for which you are requesting reimbursement
	be in the required format as provided on the current FY Invoice file.
	Include small business indicator stamp, if applicable.
SUPPLEMENTAL INVOICES	
Supplemental Invoices must adhere to all the above parameters and must additionally:	be titled specifically "Supplemental Invoice".
	be numbered with a numeric code that identifies the original invoice being corrected , and an alpha numeric code that identifies the number of supplemental invoices for the original invoice period
	reflect the amount of <u>only</u> the supplemental billing. Do not indicate the original or adjusted amount of the previous invoice.

**INVOICE
SUMMARY PAGE**

The Invoice Summary Page contains the following five line items identifying actual costs:

Personnel	The information for these three line items is automatically forwarded through the completion of the Detail Worksheets
Operating Expenses	
Other Costs	
Capital Expenditures	<p>The expenses for this line item must be entered directly on the Invoice Summary Page.</p> <p>Agency must also enter funding source percentages for Capital Expenditures.</p> <p>For State purchased equipment costing \$50,000 or more, display the full purchase price in this line item and display as a reduction to the "TOTAL EXPENDITURES" on the first invoice submitted subsequent to the receipt of the equipment. Contact your Contract Manager for complete instructions.</p>
Indirect Costs	Funding source percentages for Indirect Costs is automatically forwarded from the Personnel Detail Worksheet. Indirect Costs are limited to a maximum of 10% of salaries without benefits.
Months of Services Reconciliation	<p>The total months of service must be entered into the respectively labeled cell.</p> <p>The year to date months of service must be entered into the respectively labeled cell.</p> <p>The year to date percentage of months of service will be automatically calculated and shown in appropriately labeled cell.</p>

**DETAIL
WORKSHEETS**

There are two Detail Worksheets titled as follows:

- Operating Expenses and Other Costs Detail Worksheet,
- Personnel Detail Worksheet

The numbers resulting from the completion of the Detail Worksheets will be automatically forwarded to the Invoice Summary Page. Samples of the Invoice Summary and Detail Worksheets are located later in this Section.

Personnel Detail Worksheet

The total Personnel Costs' dollar amount forwarded to the Personnel line item on the Invoice Summary Page is a result of all the information entered on this worksheet.

All personnel must be listed by their initials, job classification and the program they are associated with. For existing budgeted staff, this will be automatically inserted on the invoice from the Budget Personnel Detail Sheet. You must enter this information for staff not listed on the Budget Personnel Detail Worksheet.

Benefit rates can be shown as a percentage of salaries and wages. One benefit rate may be used for all staff by entering a benefit rate in the box provided. This will calculate the total benefit amount and proportionately spread the Total Benefits across the appropriate funding columns.

Actual benefit costs may be used by entering the actual benefit percent or benefit amount for each staff on the Personnel Detail Worksheet. The total benefits will be proportionately spread across the appropriate funding columns.

Enter total salaries, excluding benefits, for each staff shown on the invoice.

Enter funding spread in accordance with the Time Study Data Report for Summary of FFP. Use only funding source columns originally budgeted for this position. (Refer to approved budget).

Operating Expense and Other Costs Detail Worksheet

The total Operating Expenses' dollar amount forwarded to the Operating Expenses line item on the Invoice Summary Page is a result of all the information entered on the Operating Expense portion of this worksheet.

The distribution of Operating Expenses should be consistent with the general distribution of personnel costs between matched and unmatched funding. Initial distribution of operating expense is provided by formulas located in unprotected cells. The calculations are based on % Personnel Matched. They can be changed or deleted as needed.

The total Other Costs' dollar amount forwarded to the Other Costs line item on the Invoice Summary Page is a result of all the information entered on the Other Costs portion of this worksheet.

Please refer to the Budget Document Instructions for information on the distribution of costs between matched and unmatched columns.

SAMPLE INVOICE COVER LETTER

(Use Agency's Official Letterhead)

Maternal and Child Health Branch
Operations Section
714 P Street, Room 708
Sacramento, CA 95814

MATERNAL AND CHILD HEALTH AFLP/ASPPP AGREEMENT NUMBER _____

Enclosed for payment is our invoice number _____ in the total amount of \$ _____ which covers the period of _____ through _____ (inclusive dates) for services rendered pursuant to the terms and conditions established in the above referenced Agreement.

Sincerely,

Original Signature, Title

Allocation AFLP Invoice Worksheet

I. INVOICE SUMMARY PAGE		FY: 2002-03		Inv. Period: July 1 through September 30		% Personnel Matched			
Invoice No: 1		Adolescent Family Life		UNMATCHED FUNDING		NON - ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
Agency: Allocation/Grant No.:		AFLP-TV		AFLP-GF		AFLP-N		AFLP-E	
EXPENSE CATEGORY		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
		TOTAL FUNDING	%	Federal Title V	%	State General Funds	%	Local * Revenue	%
(I) PERSONNEL									
(II) OPERATING EXPENSES									
(III) CAPITAL EXPENDITURES									
(IV) OTHER COSTS									
(V) INDIRECT COSTS (10% MAX)									
TOTALS*									

Use this total when requesting reimbursement for this invoice.
 This is the maximum amount payable from State and Federal sources.

AS THE MCH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCH ADMINISTRATIVE AND PROGRAM POLICIES.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.

MCH/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____	AGENCY'S FISCAL AGENT'S SIGNATURE _____ DATE _____
---	--

* These amounts contain local revenues submitted for information and matching purposes. MCH does not reimburse for Agency contributions.

State Use Only		AFLP-TV	AFLP-GF	AFLP-N	CNTY-N	AFLP-E	CNTY-E
(I) PERSONNEL							
(II) OPERATING COSTS							
(III) CAPITAL EXPENDITURES							
(IV) OTHER COSTS							
(V) INDIRECT COSTS							
Totals for PCA Codes **							

[illegible]

II. OPERATING EXPENSES WORKSHEET

TOTAL OPERATING EXPENSES					
	TRAVEL	TRAINING			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

IV. OTHER COSTS WORKSHEET

TOTAL OTHER COSTS		SUBCONTRACTS		OTHER CHARGES		UNREIMBURSED INDIRECT	
1		1		1		1	
2		2		2		2	
3		3		3		3	
4		4		4		4	
5		5		5		5	
6		6		6		6	
7		7		7		7	
8		8		8		8	

Maternal and Child Health Branch

Program: Adolescent Family Life		Agency: (1)		TOTAL FUNDING		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Allocation/Grant No.:						AFIP-TV		AFIP-GF		AGENCY		AFIP-N		AFIP-E		ONTY-E			
EXPENSE CATEGORY						(3) Federal Title V		(4) %		(5) State General Funds		(6) %		(7) Local * Revenue		(8) %			
						(9) Combined Fed/State		(10) %		(11) Combined * Fed/Agency		(12) %		(13) Combined Fed/State		(14) %			
						(15) Combined * Fed/Agency		(16) %		(17) Combined * Fed/Agency		(18) %		(19) Combined * Fed/Agency		(20) %			

I. PERSONNEL WORKSHEET

TOTAL PERSONNEL COSTS										TOTAL PERSONNEL COSTS									
BENEFIT RATE					BENEFIT RATE					BENEFIT RATE					BENEFIT RATE				
ACTUAL BENEFITS					ACTUAL BENEFITS					ACTUAL BENEFITS					ACTUAL BENEFITS				
TOTAL WAGES					TOTAL WAGES					TOTAL WAGES					TOTAL WAGES				
INITIALS	TITLE OR CLASS.	Actual Benefit %	Actual Benefit Amount	Total Funding	INITIALS	TITLE OR CLASS.	Actual Benefit %	Actual Benefit Amount	Total Funding	INITIALS	TITLE OR CLASS.	Actual Benefit %	Actual Benefit Amount	Total Funding	INITIALS	TITLE OR CLASS.	Actual Benefit %	Actual Benefit Amount	Total Funding
1					1					1					1				
2					2					2					2				
3					3					3					3				
4					4					4					4				
5					5					5					5				
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31					31					31					31				
32					32					32					32				

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EXPENSE CATEGORY	Adolescent Family Life		UNMATCHED FUNDING					NON - ENHANCED MATCHING (50/50)					(16) % Time In Prog.	(17) Total Funding	
	Program:		ARLP-TV					ARLP-N							
	Agency:		AGENCY					CITY-N							
	Allocation/Grant No.:		ARLP-OF					ARLP-P							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	Federal Title V	%	State General Fund	%	Local Revenue	%	Combined FullState	%	Combined Fed/Agency				

III. OPERATING EXPENSES WORKSHEET

TOTAL OPERATING EXPENSES						
TRAVEL						
TRAINING						
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15						

IV. OTHER COSTS WORKSHEET

[illegible]

Program: Adolescent Family Life		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)								
Agency: Allocation/Grant No.:		AFLP-TV		AFLP-GF		AGENCY		AFLP-N		CMT/N				
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
TOTAL FUNDING		%	Federal Title V	%	State General Funds	%	Local Revenue	%	Combined Fd/State	%	Combined Fd/Agency	(14)	(15)	
EXPENSE CATEGORY														
I. PERSONNEL WORKSHEET														
TOTAL PERSONNEL COSTS														
BENEFIT RATE														
ACTUAL BENEFITS														
TOTAL WAGES														
INITIALS	TITLE OR CLASS.	Actual Benefit %	Actual Benefit Amount	Total Funding										
1														
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REPORTING

AGENCY REPORTING REQUIREMENTS AND INSTRUCTIONS

Policy

Each agency shall submit:

- a) Semi-Annual program reports;
- b) Quarterly Lodestar Caseload Analysis and Months of Service reports;
- c) Personnel List; and
- d) Monthly Lodestar data diskette.

The Quarterly Report Form and Semi-Annual Report template are provided on diskette to each agency in Microsoft Word 97 format. If you cannot read this diskette or require a replacement, contact Michele Naves at (916) 657-1332.

SEMI-ANNUAL PROGRESS REPORT

Submit **one original and two copies** of the semi-annual report to the state assigned Contract Manager at the following address:

**Department of Health Services
Maternal and Child Health Branch
Attn: (Contract Manager's Name)
Operations Section
714 P Street, Room 708
Sacramento, CA 95814**

GENERAL

The Semi-Annual Report is a summary of activities undertaken to meet the goals and objectives in the period for which the report covers. Responses should be succinct yet provide enough information to clearly describe progress made or difficulties that prevent the agency from meeting the scope of work goals and objectives. The report should not exceed ten (10) pages in length. The intent of the report is to document the achievements and/or barriers encountered during the report period. It is also a means of requesting technical assistance from State staff for any difficulties experienced by the agency.

REPORT PERIOD

The Semi-Annual Progress Report covers the period of July through December, and January through June of each year of the grant/allocation period. The reports must be postmarked by January 31 and July 31 of each respective fiscal year.

REQUIRED FORMS

- AFLP Progress Report, Form 1A, Cover Sheet;
- ASPPP Progress Report, Form 1B, Cover Sheet;
- Adolescent Family Life Program Semi-Annual Progress Report Form 2A and the Personnel List (Form 6);
- Adolescent Sibling Pregnancy Prevention Program Semi-Annual Progress Report Form 3A and Personnel List (Form 6);
- Lodestar Caseload Analysis Report covering the Semi-Annual Report period;
- Lodestar Months of Service Report covering the Semi-Annual Report period;
- A-2 Inventory /Disposition of DHS-Funded Equipment (July 31 report only).

QUARTERLY REPORTS

GENERAL

The Quarterly Report consists of the Lodestar Caseload Analysis Report, Months of Service Report, and Personnel List.

REPORT PERIOD

The Quarterly Report covers the periods of July 1 through September 30, October 1 through December 31, January 1 through March 31, and April 1 through June 30 of each year of the agreement.

The Quarterly Reports and Personnel List must be postmarked by:

- October 31, for the period ending September 30;
- January 31, for the period ending December 31;
- April 30, for the period ending March 31;
- July 31 for the period ending June 30, for each year within the agreement period.

REQUIRED FORMS

- AFLP/ASPPP Quarterly Report Cover Sheet, Form 4;
- Lodestar Caseload Analysis Report covering the Quarterly Report period;
- Lodestar Months of Service Report covering the Quarterly Report period;
- Personnel List (Form 6) - This list should include the names of all staff working directly in AFLP and/or ASPPP and Cal-Learn with the corresponding full-time equivalent (FTE) devoted to each program.

Please note that if an agency's previously submitted quarterly reports reflect that the agency is not on track to meet its month of service requirements, the State MCH Branch may require a monthly submittal of the Caseload Analysis Report and Months of Service Report.

Submit **one original and two copies** of the quarterly report to the state assigned Contract Manager at the following address:

**Department of Health Services
Maternal and Child Health Branch
Attn: (Contract Manager's Name)
Operations Section
714 P Street, Room 708
Sacramento, CA 95814**

MONTHLY REPORTS

GENERAL

The agency will mail by the 10th day of each month, following the report period, a data diskette that is created with the Lodestar Diskettes module and contains all data collected on Lodestar. The data should reflect all activities that took place during the report period. By the time the diskette is created, all data entry for the previous month should be reflected on the disk. The report period will cover the first through the last day of each month. Submit the diskette containing the data to:

Branagh Information Group
P.O. Box 379
Navarro, CA 95463

QUESTIONS

Questions regarding the completion of any of the reports and Personnel List should be directed to your Program Consultant.

If you have questions about how to access or run the required Lodestar Management Report, contact the Lodestar Technical Support Hotline at (707) 895-2510 or write to:

Branagh Information Group
P.O. Box 379
Navarro, CA 95463

EXTENSION OF DUE DATES

A waiver of the due dates for the Semi-Annual and Quarterly Lodestar reports may be granted upon request. Waiver requests should be received at least seven (7) days prior to the original due date of the report.

Send a request for approval to the state assigned Contract Manager and Program Consultant at the following addresses:

Maternal & Child Health Branch
Attn:(Contract Manager's Name)
Operations Section
714 P Street, Room 708
Sacramento, CA 95814

Maternal & Child Health Branch
Attn:(Program Consultant's Name)
Program Policy Section
714 P Street, Room 750
Sacramento, CA 95814

The initial request may be submitted by email or fax with formal correspondence to follow.

State of California - Health and Human Services Agency

Department of Health Services
Primary Care and Family Health**AFLP SEMI-ANNUAL PROGRESS REPORT****FORM 1A**

Contractor/agency should duplicate this form to prepare reports.

SUBMIT ORIGINAL AND 2 COPIES TO:

YOUR CONTRACT MANAGER
Maternal and Child Health Branch
714 P Street, Room 708
P. O. Box 942732
Sacramento, CA 94234-7320WE ENCOURAGE YOU TO BE BRIEF.
PLEASE LIMIT REPORTS TO BETWEEN
5 AND 10 PAGES.

1. REPORT PERIOD

- ☐ July to December, 20____
- ☐ January to June, 20____
- ☐ Other (Specify) _____

2. CONTRACT/ALLOCATION NUMBER

3. PROJECT TITLE:

4. AGENCY NAME AND ADDRESS

5. AGENCY REPRESENTATIVE PREPARING REPORT

Name:

Title:

Phone:

INSTRUCTIONS

Item 1-5: Self-Explanatory

Item 6: ATTACH NARRATIVE STATEMENT OF PROJECT PROGRESS TO THIS FORM: The narrative must include the following: Please limit this narrative to a maximum of between 5 and 10 pages.

- a. Summarize progress made to date toward meeting each objective, as specified in the Scope of Work, Exhibit B. Use quantifiable terms, if applicable.
- b. Briefly describe any problems encountered in implementing the objective. Outline strategies for dealing with the unresolved problems. Discuss personnel transactions (including vacancies) which have had an impact on meeting the objective.
- c. Address any issues needing the special attention of state staff.

Retain progress report supplements on file for state review and submit required contract deliverables which may be specified in the SCOPE OF WORK, Exhibit B, directly to your Contract Manager under separate cover.

CERTIFICATION BY PROJECT DIRECTOR:

I affirm that the information presented in this report accurately reflects the current status of this project to the best of my knowledge.

Original Signature

Date

(Project Director)

State of California - Health and Human Services Agency

Department of Health Services
Primary Care and Family Health**ASPPP SEMI-ANNUAL PROGRESS REPORT****FORM 1B**

Contractor/agency should duplicate this form to prepare reports.

SUBMIT ORIGINAL AND 2 COPIES TO:

YOUR CONTRACT MANAGER
Maternal and Child Health Branch
714 P Street, Room 708
P. O. Box 942732
Sacramento, CA 94234-7320WE ENCOURAGE YOU TO BE BRIEF.
PLEASE LIMIT REPORTS TO BETWEEN
5 AND 10 PAGES.

2. REPORT PERIOD

- ☐ July to December, 20____
- ☐ January to June, 20____
- ☐ Other (Specify) _____

2. CONTRACT/ALLOCATION NUMBER

3. PROJECT TITLE:

4. AGENCY NAME AND ADDRESS

5. AGENCY REPRESENTATIVE PREPARING REPORT

Name:

Title:

Phone:

INSTRUCTIONS

Item 1-5: Self-Explanatory

Item 6: ATTACH NARRATIVE STATEMENT OF PROJECT PROGRESS TO THIS FORM: The narrative must include the following: Please limit this narrative to a maximum of between 5 and 10 pages.

- a. Summarize progress made to date toward meeting each objective, as specified in the Scope of Work, Exhibit B. Use quantifiable terms, if applicable.
- b. Briefly describe any problems encountered in implementing the objective. Outline strategies for dealing with the unresolved problems. Discuss personnel transactions (including vacancies) which have had an impact on meeting the objective.
- c. Address any issues needing the special attention of state staff.

Retain progress report supplements on file for state review and submit required contract deliverables which may be specified in the SCOPE OF WORK, Exhibit B, directly to your Contract Manager under separate cover.

CERTIFICATION BY PROJECT DIRECTOR:

I affirm that the information presented in this report accurately reflects the current status of this project to the best of my knowledge.

Original Signature

Date

(Project Director)

ADOLESCENT FAMILY LIFE PROGRAM
Semi-Annual Progress Report

Where appropriate, describe any problem(s) or barrier(s) encountered in implementing any of the AFLP objectives. You may use additional pages as necessary. We encourage you to respond in a descriptive, succinct manner.

GOAL 1: Systems: Define, coordinate, and integrate systems of care that support and assist pregnant and parenting adolescents and their children.

Objective 1: In accordance with the AFLP Standards, the agency will collaborate with a network of local service providers.

- Summarize the program activities during the report period that meet or maintain this objective. This may include a brief discussion of any formal (memorandum of Understanding (MOU) or interagency agreements) or informal agreements that were established or renewed during the report period; new members added to the service network and other efforts at developing or maintaining and expanding the network. If you are participating in a network that is **not** solely designated for AFLP, describe how AFLP is addressed at each network meeting.

Objective 2: AFLP agency will help develop and integrate comprehensive systems of care for children and adolescents.

- Describe program activities accomplished during the report period to meet or maintain this objective.

GOAL 2: Case Management: To enhance the health, educational achievement, economic, personal and societal integration and independence of pregnant and parenting adolescents through case management.

Objective 1: In accordance with AFLP Standards, agency will provide the contracted months of service to eligible adolescents and their children who are not enrolled in Cal-Learn as measured by the Lodestar Management Information System (MIS).

- Months of Service contracted for: _____
- If you are above OR below your projected months of service for this date, please explain.
- Attach the Lodestar Months of Service report (*by case manager, excluding client names*) for the report period.
- Do you maintain a waiting list? Yes _____ No _____
 - If yes, please enter the total number of adolescents who are on the waiting list as of the end of the report period: _____
 - If no, was your program able to accept all eligible referrals received during the report period?
Yes _____ No _____
- Describe outreach and case finding activities. This may include activities directed toward potential clients and their families, as well as community agencies and other service providers.

Objective 2: In accordance with AFLP Standards, AFLP agency will maintain and update the program Standards Implementation Document.

- Describe progress toward meeting this objective.

Objective 3: AFLP agency will maintain qualified staff to provide case management services to no more than 40 clients per full-time equivalent (FTE) case manager per month. This limit will include clients served by each case manager, regardless of whether the clients are AFLP, Cal-Learn or ASPPP clients.

- Attach the Lodestar Caseload Analysis report. Provide current Personnel List (Form 6) including name, position, and total FTE percent in AFLP, Cal-Learn and the Sibling program combined for each case manager. If necessary, please comment on program activities during report period to meet or maintain this objective.

Objective 4: Aggregate AFLP clients served by the program will not exceed 40 clients per 1.0 FTE AFLP case manager.

- Provide reports of aggregate FTE AFLP case manager positions and aggregate AFLP caseload count to State AFLP program staff. These reports should reflect current status on December 31 (1st semi-annual report) and June 30 (Second semi-annual report) of each year within the grant/agreement period.

Objective 5: AFLP agency provides job related training and technical assistance (TA) for AFLP staff annually.

- List training needs identified by the agency and their staff. List all training obtained/provided by the agency.
- List in priority order training needs which could not be provided by the agency and require MCH assistance.

Objective 6 AFLP program director and/or coordinator will participate in MCH training and technical assistance as designated by MCH.

- Please indicate AFLP director's and/or coordinator's participation in training and/or technical assistance designated and/or provided by MCH during the report period.

GOAL 3: Health: Promote implementation of the State MCH Five-Year Plan and attainment of its Goals and Objectives (Appendix A).

Objective 1: Promote primary and preventative health care utilization by pregnant and parenting adolescents and their children.

- Provide a summary describing program activities that promote primary and preventative health care as delineated in the SOW.

PROGRAM NARRATIVE

1. Briefly describe any problem(s) or barrier(s) encountered by your AFLP. If appropriate, describe what steps you have taken to correct or resolve the problem(s) or barrier(s).
2. Describe any significant accomplishments experienced by the AFLP during the report period.
3. Does your AFLP need technical assistance from MCH? If yes, please describe.

ADOLESCENT SIBLING PREGNANCY PREVENTION PROGRAM
Semi-Annual Progress Report

Form 3A

Where appropriate, describe any problem(s) or barrier(s) encountered in implementing any of the objectives. You may use additional pages as necessary. We encourage you to respond in a descriptive, succinct manner. (Please complete a separate report for each program.)

GOAL 4: Systems: Define, coordinate, and integrate systems of care that support and assist in the prevention of pregnancy and other at-risk behaviors with adolescent siblings of pregnant and parenting adolescents.

Objective 1: In accordance with the ASPPP SOW, the agency will collaborate with a network of local service providers that serve the health, social, and educational needs of youth ages 11 through 18.

- Summarize program activities during the report period that meet or maintain this objective. This may include, for example, a brief discussion of any formal (MOU's or interagency agreements) or informal agreements that were established or renewed during the report period; new members added to the service network and other efforts at developing or maintaining and expanding the network. If you are utilizing the AFLP network for your sibling program, describe how you have expanded your network to include service providers who work with the target population (non-pregnant or parenting adolescents) and how you are meeting their needs.

Objective 2: ASPPP agency will help develop and integrate comprehensive systems of care for siblings.

- Describe program activities accomplished during period to meet or maintain this objective.

GOAL 5: Case management: Enhance the health, educational achievement, economic, personal, and societal integration and independence of siblings of pregnant and/or parenting adolescents through case management that enables them to avoid early and unplanned pregnancy.

Objective 1: In accordance with ASPPP Standards, agency will provide the contracted months of service to eligible siblings of pregnant and parenting teens that will enable them to avoid early and unplanned pregnancy as measured by the Lodestar Management Information System (MIS).

- Months of Service contracted for: _____
- If you are above OR below your projected months of service for this date, please explain.
- Attach the Lodestar Months of Service report (by case manager, excluding client names) for the report period.
- Do you maintain a waiting list? Yes _____ No _____
 - If yes, please enter the total number of adolescents who are on the waiting list as of the end of the report period: _____
 - If no, was your program able to accept all eligible referrals received during the report period?
Yes _____ No _____
- Describe outreach and case finding activities. This may include activities directed toward potential clients and their families, as well as community agencies and other service providers.
- Describe any significant changes or updates made to entry criteria not reflected in the January 31, 2000 (and each year of the contract/agreement period) submission of Standards Implementation Documents or revisions to MCH.

Objective 2: Agency will gather profile data for process and outcome measures of service intervention to the siblings of pregnant and parenting teens.

- Describe progress toward meeting this objective.

Objective 3: In accordance with the ASPPP SOW, the agency will maintain and update the Standards Implementation document.

- Describe progress toward meeting this objective.

Objective 4: In accordance with the ASPPP SOW, the agency will develop case management interventions consistent with client need. Interventions must address the adverse impact of teen pregnancy on health and future personal and career growth and well being.

- Describe identified client needs and interventions developed and implemented in your Sibling Program.

Objective 5: Agency will maintain qualified staff to provide case management services to no more than 40 clients per full-time equivalent (FTE) case manager per month. This limit will include clients served by each case manager, regardless of whether the clients are AFLP, ASPPP, or Cal-Learn.

- Attach Lodestar Caseload Analysis Report for this reporting period (by case manager), excluding client names. Provide a current personnel list including name, position, and total FTE percent in AFLP, Cal-Learn and ASPPP combined for each case manager. If necessary, please comment on program activities during report period to meet or maintain this objective.

Objective 6: Aggregate sibling clients served by the program will not exceed 40 clients per 1.0 FTE case manager.

- Provide reports of aggregate FTE ASPPP case manager positions and aggregate ASPPP caseload count to State AFLP/ASPPP program staff. These reports should reflect current status December 31 (1st semi-annual report) and June 30 (2nd semi-annual report) of each year within the contract/agreement period.

Objective 7: Agency provides program related training and technical assistance for sibling staff.

- List training needs identified by the agency and their staff. List all training obtained/provided by the agency.
- List in priority order training needs which could not be provided by the agency and require MCH assistance.

Objective 8: Project director will participate in MCH training and Technical Assistance as designated by MCH.

- Please indicate director's and/or coordinator's participation in training and/or technical assistance designated and/or provided by MCH during the report period.

GOAL 6: Health: Promote implementation of the State MCH 5-Year Plan and attainment of its Goals and Objectives (Appendix B).

Objective 1: Promote primary and preventive health care utilization by siblings.

- Provide a summary describing program activities that promote primary and preventative health care as delineated in the SOW.

PROGRAM NARRATIVE

1. Briefly describe any problem(s) or barrier(s) encountered by your ASPPP. If appropriate, describe what steps you have taken to correct or resolve the problem(s) or barrier(s).
2. Describe any significant accomplishments experienced by the ASPPP during the report period.
3. Does your ASPPP need technical assistance from MCH? If yes, please describe.

Department of Health Services

**Adolescent Family Life Program &
Adolescent Sibling Pregnancy Prevention Program**

Maternal and Child Health

Quarterly Report Cover Sheet

AFLP/ASPPP FORM 4

Submit Original and two copies to:

Maternal and Child Health Branch
714 P Street, Room 708
Sacramento, CA 95814

Agency: _____

Grant/Allocation No: _____

In compliance with the AFLP and ASPPP Scope of Work, the following items are required to be sent each year of the grant/allocation period to MCH SEPARATE from the semi-annual progress reports. Please copy and use this cover sheet when submitting each of the following items:

Goal 2, Objective 1 (AFLP):

- ☐ Submit Lodestar caseload analysis reports, months of service reports, and personnel lists each quarter of each year of the grant/allocation period to the MCH Branch.

Please submit for the quarter only, not year to date.

____ First quarter
(7/1/200_ -9/30/200_)

____ Second quarter
(10/1/200_-12/31/200_)

____ Third quarter
(1/1/200_ -3/31/200_)

____ Fourth quarter
(4/1/200_ - 6/30/200_)

Goal 5, Objective 1 (ASPPP):

- ☐ Submit Lodestar caseload analysis reports, months of service reports, and personnel lists each quarter of each year of the grant/allocation period to the MCH Branch.

Please submit for the quarter only, not year to date.

____ First quarter
(7/1/200_ -9/30/200_)

____ Second quarter
(10/1/200_-12/31/200_)

____ Third quarter
(1/1/200_ -3/31/200_)

____ Fourth quarter
(4/1/200_ - 6/30/200_)

Goal 2, Objective 3/Objective 4 **and** Goal 5, Objective 5/ Objective 6:

- ☐ AFLP and/or ASPPP agency will provide aggregate FTE AFLP and ASPPP case manager positions, personnel, and FTE list to MCH program consultant within 30 days of the end of the first and third quarter and with the semi-annual reports for each year within the contract/agreement period.

Department of Health Services

**Adolescent Family Life Program &
Adolescent Sibling Pregnancy Prevention Program**

Maternal and Child Health

**FORM 5
STANDARDS IMPLEMENTATION DOCUMENT**

Submit Original and two copies to:

Maternal and Child Health Branch
714 P Street, Room 708
Sacramento, CA 95814

Agency: _____

Grant/Allocation No. _____

Date: JANUARY 31, 200____

In compliance with the AFLP and ASPPP Scope of Work, the following items are required to be sent each year of the grant/agreement period to MCH SEPARATE from the semi-annual progress reports. Please copy and use this cover sheet when submitting the following items:

Goal 2, Objective 2:

- ☐ Program Standards Implementation document revisions and Form 5 OR Form 5 stating that no revisions are required will be submitted to MCH by January 31 of each year within the contract/agreement period.

[] No revisions/changes required during this reporting period.

[] Revisions/changes necessary, see attached.

Goal 5, Objective 3:

- ☐ Protocol or Policy and Procedure revisions and Form 5 OR Form 5 stating that no revisions are required will be submitted to MCH by January 31 of each year within the contract/agreement period.

[] No revisions/changes required during this reporting period.

[] Revisions/changes necessary, see attached.

AFLP/ASPPP/Cal-Learn Personnel List
Quarterly and Semi-Annual Report
Fiscal Year: _____

Quarterly Report for the Period ending: Sept 30 Dec 31 Mar 31 June 30

Semi-Annual Report for the Period ending: Dec 31 June 30

Instructions: In the staff field, enter the classification/position and the name of the person in the position.

In the AFLP/ASPPP/Cal-Learn/Other fields, enter the percentage of time that person is involved in each program.

The Total FTE should equal the time base of the position.

If the position is vacant, place the classification and the title in the staff field and indicate in the vacant column that the position is vacant.

Classification/Position & Name	AFLP FTE	ASPPP FTE	Cal-Learn FTE	Other FTE	Total FTE

Date Contract Expires:

Date Contract Expires: _____

Previous Contract No.:
(if applicable)

Contractor's Name:

Contractor's Complete Address:

Contact Name/Phone No.:

DHS Program Name:

DHS Program Address:

DHS Program Liaison:

DHS Liaison's Telephone No.:

Date of This Report:

E-Mail:

(THIS IS NOT A BUDGET FORM)

[illegible]

OTHER ADMINISTRATIVE

CAPITAL EXPENDITURES AND INVENTORY CONTROLLED ITEMS

REQUEST AND APPROVAL

Policy

The MCH Branch allows the purchase of Capital Expenditures (as defined in the Glossary) and Inventory-Controlled (as defined in the Glossary) items.

All Capital Expenditures and Inventory-Controlled Items (CEICI) purchased by Agencies, or purchased by the MCH Branch on behalf of Agencies, must be necessary and used toward fulfilling the terms of the MCH Agreement and Agencies must maintain a written inventory (Exhibit A-2) of all CEICI purchased with MCH funds.

The MCH Branch may require the submission of paid vendor receipts for any purchase, regardless of dollar amount. The MCH Branch also has the right to either deny claims for reimbursement or to request repayment for any purchase determined to be unnecessary, inappropriate or unused in carrying out performance under this MCH Agreement.

Procedure

Agency requests permission to purchase Capital Expenditure items via the Capital Expenditure line item on the initial Budget or subsequent Budget Revisions with detailed descriptions in the Budget Justification. Purchase of inventory-controlled items is requested via the Operating Expense and Other Costs Detail Worksheet under “Other” also with detailed descriptions in the Budget Justification.

MCH and Agency staff negotiates all the terms and conditions of the Budget including Capital Expenditures and/or inventory-controlled items.

Approval to acquire Capital Expenditure items and/or inventory-controlled items is granted via the approved initial Agreement approval or subsequent Budget Revision approvals.

The acquisition of Capital Expenditure items and/or inventory-controlled items other than those detailed in the initial approved Agreement or subsequent approved Budget Revisions requires separate written MCH Branch approval prior to the purchase of any such equipment.

PROCUREMENT

Policy

Units of local government, public entities (including the Universities of California and California State University and auxiliary organizations/foundations thereof), and State or federal agencies whether primary agency or subcontractor, may use their existing procurement systems to secure all articles, supplies, equipment, and services related to purchases that are required in the performance of any MCH Agreement (i.e., AFLP, ASPPP) without regard to dollar limit. All other entities (nonprofit organizations and for-profit entities or private vendors), when acting as a subcontractor, may use their existing procurement systems for purchases up to an annual maximum limit of \$50,000. The procurement system must meet the following standards:

- maintain a code or standard of conduct that governs the performance of its officers, employees, or agents engaged in awarding procurement contracts. No employee, officer, or agent may participate in the selection, award, or administration of a procurement contract in which, to his or her knowledge, he or she has a financial interest.
- conduct procurements in a manner that provides:
 - a) to the maximum extent practical, open and free competition,
 - b) avoidance of the purchasing of unnecessary or duplicate items,
 - c) a clear and accurate description of the technical requirements of the goods to be procured.

The Agency and/or subcontractor must maintain a copy or narrative description of the procurement system, guidelines, rules, or regulations that will be used to make purchases under this MCH Agreement. The MCH Branch reserves the right to request copies of these documents and to inspect the purchasing practices of the Agency and/or a subcontractor at any time.

For all purchases, the Agency and/or subcontractor must maintain copies of all paid vendor invoices and documents for inspection or audit by the State.

Capital Expenditures above the annual maximum limit of \$50,000 (for applicable subcontractors) must be purchased through the DHS Purchasing Unit by way of the Department of General Services, Office of Procurement.

Title to all Capital Expenditures purchased in whole or in part with MCH funds remains with the State.

Procedure

For Capital Expenditure purchases exceeding \$50,000 by a subcontractor, the Agency must submit to the MCH Contract Manager a list of Capital Expenditure specifications for those items to be procured by the State.

The cost of Capital Expenditures purchased by or through the State will be deducted from the funds available in the MCH Agreement.

Capital Expenditure items will be delivered to the official Agency address unless the Agency notifies the MCH Branch in writing of an alternate delivery address.

TAGGING (EXHIBIT A-1)

Policy

Capital Expenditures and inventory-controlled items, as defined in the Glossary, will be identified with DHS or MCH identification tags.

Procedure

The Agency must list, on the Exhibit A-1 “Current Contract Year Equipment Purchased With State Funds”, Capital Expenditure or inventory-controlled items purchased during the monthly/quarterly invoice period. The Exhibit A-1 must also include any replacement parts, which the Agency purchased because the original was damaged, lost or stolen.

A sample of the Exhibit A-1 form is located later in this section. (Please photocopy as needed for submission to the MCH Branch listing Capital Expenditure and inventory-controlled items purchased with MCH funds or use the Exhibit A-1 provided on the Budget/Invoice CD.) The Agency must attach an original and three copies of the completed Exhibit A-1 to the quarterly invoice submitted for that period.

If either the Capital Expenditures or inventory-controlled items were provided to the Agency by the MCH Branch at State expense, the Exhibit A-1 is to be submitted to the MCH staff immediately upon receipt of the item(s).

The MCH Branch will forward identification tags to the attention of the Agency contact person identified on the Exhibit A-1.

Fiscal year-end purchases identified on the Inventory Record prior to receipt of the items will not be issued identification tags at the time of the Exhibit A-1 submission. Once the item(s) is received, contact the MCH staff to report the serial numbers on the equipment. The MCH staff will then forward property identification tags for those items.

Identification tags that have been lost or destroyed must be replaced and can be obtained by contacting the MCH Branch, Operations Section.

REIMBURSEMENT

Policy

For Capital Expenditures or inventory-controlled item costs to be charged to any particular fiscal year, the costs must have been obligated no later than the end of that fiscal year (i.e., June 30). In order for costs to be considered obligated, a purchase order must have been fully executed. A purchase estimate or an internal equipment request is not considered an obligation of funds.

Procedure

Agency must submit the quarterly invoice including the cost of:

- items purchased identified on the Invoice Summary Page in Line Item #3, “Capital Expenditures”, and/or
- each inventory-controlled item (including tax) on the “Operating Expense and Other Costs Detail Worksheet” which will forward to Line Item #4, “OTHER”.

A completed Exhibit A-1 (please see the previous subsection “Tagging (Exhibit A-1)” must be attached to all invoices, which includes reimbursement for Capital Expenditures and/or inventory-controlled items. The MCH Branch will process the invoice for payment through the State Controller’s Office.

DENIAL OF REIMBURSEMENT

Policy

If MCH Branch approval was not obtained prior to expenditure of funds for Capital Expenditure or inventory-controlled purchases, the costs may be disallowed.

If the required Exhibit A-1 is not submitted with the invoice, the costs claimed for applicable Capital Expenditures and/or inventory-controlled items may be disallowed and may be deducted from the invoice.

OWNERSHIP

Policy

All Capital Expenditure and/or inventory-controlled items, as defined in the Glossary, purchased/reimbursed with MCH Agreement funds or furnished by the State under the terms of this MCH Agreement are considered property of the State.

Title to State property is not affected by its incorporation or attachment to any property not owned by the State.

The MCH Branch will be under no obligation to pay the cost of restoration, or rehabilitation of the Agency's and/or a subcontractor's facility which may be affected by the removal of any State property.

The Agency and/or subcontractor must maintain and administer, according to State directives and sound business practices, a program for the proper use, maintenance, repair, protection, insurance and preservation of State property.

REPLACEMENT/ MAINTENANCE

Policy

If Capital Expenditure or inventory-controlled items purchased with MCH Agreement funds or provided by the MCH Branch are:

- damaged while in the possession of the Agency, the State requires these items be repaired at no cost to the State. MCH Agreement funds may not be used for this purpose. If items are damaged beyond repair, refer to the Disposition of Capital Expenditure/Inventory Controlled Items segment of this Section.
- lost or stolen while in the possession of the Agency, the State will require that items be replaced with comparable articles at no cost to the State. MCH Agreement funds may not be used for this purpose.

Procurement of maintenance agreements for Capital Expenditure and inventory-controlled items are the responsibility of the Agency. Costs of these maintenance agreements are payable through the MCH Agreement.

Procedure

Maintenance agreement costs are charged to Line Item #2, "Operating Expenses," in the "Other Operating Expenses" category on the "Operating Expenses Detail Worksheet."

DISPOSITION OF CAPITAL EXPENDITURE/ INVENTORY CONTROLLED ITEMS

Policy

Requests for disposition of any Capital Expenditure or inventory-controlled items must be submitted in writing to the MCH Branch Operations Section.

Upon cancellation of the MCH Agreement, all Capital Expenditure and inventory-controlled items purchased with State funds or provided by the State will be moved, at State expense, to a location designated by MCH staff in accordance with instructions issued by the MCH Branch.

Procedure

DO NOT DONATE OR DESTROY ANY ITEMS PRIOR TO RECEIPT OF MCH BRANCH APPROVAL.

Agency must submit a letter to MCH Branch Operations Section requesting disposition of specific item(s). Requests must include the following information:

- item description,
- model number and serial number, if available
- State identification tag number (indicate if blank tag),
- location,

- present condition,
- proposed method of disposition,
- reason for removal from inventory,
- a description of the steps taken to prevent the recurrence of loss, theft, or destruction if item has been lost, stolen or damaged beyond repair,
- a copy of the police report if item was stolen.

**YEAR 2000
CONTRACTING/
PROCUREMENT
LANGUAGE**

The bidder and/or contractor represents and warrants fault-free performance in processing of date and date related data (including, but not limited to, calculating, comparing, and sequencing) by all hardware, software, and firmware products delivered under this agreement, individually and in combination, upon installation. Fault-free includes the manipulation of this data with dates prior to, through, and beyond January 1, 2000, and shall be transparent to the user.

SOFTWARE STANDARDS

All new computer hardware and software purchased must meet the minimum standards adopted by DHS noted below:

Standard Software	Hardware Standards – Desktop/Laptop
Windows 2000	1. GHz processor
Office 2000 Professional	256 MB RAM
Word	Monitor: 17 inch viewable area
Excel	16 MB video card
Power Point	Network Card dual scan color
Access	CD Drive
	3.5 floppy drive
	Security locking system (Laptop)
	3 year warranty

MCH will no longer provide files in any other format than those noted above.

EXHIBIT A-1

Date of this report:

Please Read Instructions on Reverse Side Before Completing

[illegible]

SUBCONTRACTS

Policy

The MCH Branch allows agencies to enter into subcontract agreements for services outlined in the SOW.

All subcontracts must include provision(s) requiring compliance with the terms and conditions of this MCH Agreement, including but not limited to all FFP and Capital Expenditures and Inventory-Controlled Items guidelines and requirements.

Only a Subcontractor that is a governmental agency can match at both the enhanced and non-enhanced level. All other Subcontractors can only match at the non-enhanced level.

Subcontractor's who subcontract with other Agency's to provide staff or services must fund all such staff or services with unmatched funding. FFP is not allowable for Agencies contracting with a subcontractor.

A subcontract must relate to one prime agreement (allocation number) only. Subcontracts cannot be co-mingled between existing MCH agreements.

The MCH Branch must approve multiple agreements with a single subcontractor, where the aggregate total exceeds \$5,000.

Prior written approval from the MCH Branch is required to reimburse the Agency for subcontracts exceeding \$5,000. Any funds expended prior to obtaining MCH Branch written approval may not be reimbursable in the event the MCH Branch should subsequently disapprove the proposed subcontract.

Unless otherwise agreed to in writing by the MCH Branch, the Agency will be the subcontractor's sole point of contact for all matters related to the performance and payment under this MCH Agreement.

The Agency remains responsible for all requirements under this MCH Agreement even though the requirements are carried out through a subcontract.

The term of the subcontract must be documented in the subcontract language. The beginning date of the subcontract term must be the same as, or subsequent to, the beginning date of the MCH Agreement. The ending date of the subcontract term must be the same as, or prior to, the ending date of the MCH Agreement.

The maximum amount payable to the subcontractor must be specified in the subcontract and must be equal to or less than the amount of the specific Program Allocation (e.g. AFLP, ASPPP) and equal to the amount specified in the appropriate Program Budget.

Procedure

If your Agency intends to utilize a subcontractor in meeting the objectives in the MCH Agreement, complete the following steps:

See Table Next Page

Step	Responsible Party	Activity
1	Agency	Submit to MCH the notification of intent to subcontract via the Other Detail Worksheet.
2	MCH and Agency	Negotiations are conducted for the MCH Agreement including the intent to subcontract.
3	MCH	Final approval of the submitted MCH Agreement is sent to the Agency. This does not imply approval of any subcontract. Approvals of all subcontracts are dependent upon submission of the Subcontract Agreement Transmittal package.
4	Agency	Submit an original and three copies of the completed Subcontractor Agreement Transmittal package. (See Subcontract Agreement Transmittal Form of the Other Administrative section of these Policies and Procedures describing components of completed package.)
5	MCH and Agency	Negotiate the subcontractor agreement.
6	MCH	Review and provide written approval or denial of subcontract to Agency.

SUBCONTRACT INSTRUCTIONS

AWARD PROCESS	
Include a brief (one page or less) explanation of the reason for subcontracting specific activities and how the subcontractor was chosen	
SUBCONTRACT AGREEMENT	
Subcontract Agreement consists of:	<ul style="list-style-type: none"> • Subcontract Agreement • Proposed SOW (The State MCH SOW format is recommended; however, if recommended format is not used, alternative format must contain the following:) • Goals - Must be stated as in the State MCH SOW • Objectives - Must be stated as in the State MCH SOW, however, more detail and additional activities can also be added. Activities performed by the subcontractor must be specifically identified in the primary SOW. • Implementation Activities – Same instructions as for Objectives above. • Timelines – Do not have to be as stated in the MCH SOW, however, must be within the term of the primary SOW. • Budget (State MCH format is required for subcontracts claiming enhanced and/or non-enhanced funding. However, MCH format is recommended for all subcontracts) • Detailed Budget Justification Narrative

SUBCONTRACT AGREEMENT TRANSMITTAL FORM INSTRUCTIONS	
AGENCY IDENTIFICATION	
Agency Name	Print or type official agency name.
Allocation Number	Identify allocation number as indicated on your MCH approval letter relative to the current fiscal year.
Agreement Term	Identify the beginning and ending dates for the MCH Agreement term as indicated on your MCH approval letter relative to the current fiscal year.
Program Name	Check the applicable program box for which you are subcontracting services
Approved Program Amount	Indicate the approved specific program amount (i.e. AFLP, ASPPP) as shown on your MCH approval letter relative to the current fiscal year.
Program Coordinator	Identify the complete name of the Agency program coordinator.
SUBCONTRACTOR IDENTIFICATION	
Subcontractor or Consultant Name	Identify the complete name of the subcontractor or consultant.
Address	Indicate the complete address of the subcontractor or consultant.
Subcontract Amount	Show the total subcontract dollar amount as shown on required subcontract budget.
Subcontract Term	Indicate the beginning and ending dates of the subcontract term.
Federal I.D. Number or Social Security Number	Indicate the subcontractor's federal I.D. number or the consultant's social security number.
Subcontractor's Project Director	Identify the complete name of the subcontractor's project director. This need not be completed for consultants.
Phone Number	List the subcontractor's project director's correct phone number (including area code).
Type of Subcontractor	Check applicable status box.
MCH Director/AFLP Project Director Signature	Obtain the original signature of the MCH Director/AFLP Project Director confirming subcontractor's knowledge of and agreement to comply with the terms and conditions of the MCH Agreement.
Date	Indicate the date the form was completed.

SUBCONTRACT AGREEMENT FORM

Complete and submit this transmittal form to obtain MCH Branch approval of subcontracts exceeding \$5,000. Attach the following as additional components of the complete Subcontract Agreement Transmittal Package:

1. A brief (one page or less) explanation of the award process including all information necessary to evaluate the reasonableness of the price or cost and the necessity or desirability of incurring such cost.
2. Subcontract agreement consisting of:
 - A. subcontractor/Agency Agreement,
 - B. proposed SOW (State MCH SOW format recommended),
 - C. budget (State MCH format is mandatory for any subcontract claiming enhanced and/or non-enhanced funding. However, State MCH format is recommended for all subcontracts),
 - D. detailed Budget Justification.

Review of subcontracts is done on a case-by-case basis and may require additional information.

AGENCY IDENTIFICATION

Agency Name: _____

Allocation Number: _____ Agreement Term: _____

Program Name:

☐ MCH ☐ BIH ☐ AFLP ☐ ASPPP ☐ Other _____

Approved Program Amount: _____

Program Coordinator: _____

SUBCONTRACTOR IDENTIFICATION

Subcontractor or Consultant Name: _____

Address: _____

Subcontract Amount: _____ Subcontract Term: _____

Federal I.D. Number or Social Security Number: _____

Subcontractor's Project Director: _____
(N/A for consultants)

Phone Number: _____

Type of Subcontractor: ☐ For-profit organization ☐ Governmental Agency
☐ Non-profit organization ☐ University

The Agency certifies that, for the above named subcontractor, all applicable terms and conditions are included within the subcontract.

Date

MCH Director Signature

AUDITS AND EVALUATIONS

MONITORING AND COMPLIANCE

Policy

Authorized State and/or federal representatives have the right to monitor, audit and/or perform on-site reviews of the Agency and subcontractors and assure compliance with the provisions of this MCH Agreement in accordance with applicable State and federal law, and regulations.

Audits/on-site reviews will be based on criteria and procedures established by the MCH Branch, State and federal government and will be in the form of regulations, statutes, policy letters, program policies and procedures, MCH Agreement language, and any other official publication or correspondence of the State and federal government.

Authorized State and/or federal representatives may conduct annual (or more frequent,) on-site financial, administrative and program audits/reviews of the Agency.

The Agency will maintain books, records, documents, and other evidence, accounting procedures, and practices, sufficient to reflect properly all direct and indirect costs by funding source of whatever nature claimed to have been incurred in the performance of this MCH Agreement, including any matching costs and expenses.

The Agency's records are subject, at all reasonable times, to inspection, audit/on-site review, and reproduction. The Agency will preserve and make available all records (including FFP time studies and supporting documentation):

- for a period of three years from the date of final payment under this MCH Agreement, or
- for a period of three years from the date of resulting final judgement if this MCH Agreement is completely or partially terminated, or
- for the regular three-year period or until the completion of the action and resolution of all issues (whichever is later) if any litigation, claim, negotiation, audit/on-site review, or other action involving the records has been started before the expiration of the three-year period, or
- for the period of time stated in any applicable statute, or
- for the period of time stated in any other clause of this MCH Agreement.

Procedure

Audits/on-site program and/or administrative reviews are determined on a case-by-case basis and may include:

- entrance conference,
- onsite review,
- exit conference,
- report of findings,
- corrective action plan,
- monitoring corrective action plan,
- closure.

Auditing/on-site review activities will be conducted during normal business hours. The Agency or subcontractor must provide all reasonable facilities, accommodations and assistance to State and/or federal representatives for their safety and convenience in the inspection, review and monitoring of program operations.

SINGLE AUDIT ACT OF 1984

In accordance with Public Law 98-502 and OMB Circular A-133, it is stipulated between the Department and the Agency that:

- the cost of the single audit will be charged to the federal assistance program providing funds for this agreement on a “Fair Share” basis. The amount chargeable to federal assistance programs for the cost of the single audit is calculated based on the ratio of federal expenditures to total expenditures of the Agency. The State’s share of the single audit cost under the MCH Agreement is based upon the ratio of federal funds received under this MCH Agreement to total federal funds received by the Agency each fiscal year.
- the Agency must include a clause in any contract or other agreement the Agency enters into with the audit firm doing the single audit to provide access by the State or Federal Government to the working papers of the independent auditor who prepares the single audit for the Agency.
- federal or State auditors/staff will have “expanded scope auditing” authority to conduct specific program audits/on-site reviews during the same period in which a single audit is being performed, but the audit report has not been issued. The federal or State auditors/staff will review and have access to the current audit work being conducted and will not apply any testing or review procedures which have not been satisfied by previous audit work that has been completed.

The term “expanded scope auditing” is applied and defined in the U.S. General Accounting Office (GAO) issued Standards for Audit of Governmental Organizations, Programs, Activities and Functions, better known as the “yellow book.”

MISCELLANEOUS

INDEMNIFICATION The State, its officers, agents, and employees are indemnified, defended, and held harmless from all claims and losses accruing or resulting to all subcontractors, persons, firms or corporations furnishing or supplying work services, materials or supplies or who may be injured or damaged by the Agency in connection with the performance of this MCH Agreement.

The Agency, and the agents and employees of the Agency, in the performance of the MCH Agreement, must act in an independent capacity and not as officers or employees or agents of State of California.

PRIORITY OF PROVISIONS

If there is any conflict between Statute, Regulations, policies, approved MCH Agreement and/or approval letter, conflicts will be resolved by giving precedence in the order listed.

PROHIBITION OF ORAL AGREEMENTS

All terms and conditions are mandated by the negotiated MCH Agreement. No proposed change is valid or effective unless proposed and approved in writing.

CONFIDENTIALITY OF INFORMATION

For purposes of the following, identity will include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.

The Agency, its employees, agents, or subcontractors:

- must protect from unauthorized disclosure:
 - a) names and other identifying information concerning persons either receiving services pursuant to this MCH Agreement, or,
 - b) persons whose names or identifying information become available or are disclosed as a result of services performed under this MCH Agreement,
- must not use identifying information for any purpose other than carrying out the Agency's obligations under this MCH Agreement.
- must promptly transmit to the MCH Branch all requests for disclosure of identifying information not emanating from the client or person.
- must not disclose, except as otherwise specifically permitted by this MCH Agreement or authorized by the client, any identifying information to anyone other than the State without prior written authorization from the State.

PROVISION OF INFORMATION

Policy

The State has the authority to obtain from the Agency any information required or relevant to the performance of this MCH Agreement.

Procedure

The State must request information in writing.

The Agency must provide the requested information postmarked no later than 30 calendar days after receipt of the State's written request. If, in the opinion of the Agency, provision of requested information will result in unbudgeted expenses, the Agency may submit to the State a written request for a budget revision which includes the unanticipated expense.

Refer to Fiscal Section, Budget Revisions, for detailed procedures concerning budget changes.

**AGENCY'S USE
OF INCOME****Policy**

The Agency's use of income, such as donations, revenues, refunds, rebates, credits, accrued interest or other income (including revenue from third-party payers and sale of materials), accruing to or received by the Agency as a result of an MCH Agreement must be deposited in a separate revenue account. The Agency must not profit as a result of income accrued to the separate revenue account.

The Agency may use income for the benefit of MCH programs but may not supplant or offset expenses that are in the approved MCH Agreement.

All expenditures against this income must be documented for audit/on-site review purposes.

At the fiscal year end, any income remaining in the separate revenue account must be refunded to the State.

Procedure

The Agency must submit a written request for the proposed use of income. The request must include the following items:

- origination of income,
- name of program for which the income will be used,
- detailed explanation of estimated expenditures.

The MCH Branch will review the request and will notify the Agency in writing of the approval/denial.

In the event that any income remains in the separate revenue account at the end of the fiscal year, the Agency will refund the money to the MCH Branch as follows:

- Agency must submit a letter to the MCH Contract Manager identifying:
 - a) the amount of income remaining in the separate revenue account ,
 - b) name of program that generated the income, and
 - c) nature of generated income.
- Agency must enclose with the letter a check, money order, or cashier's check in the amount of income remaining in the separate revenue account made payable to the California Department of Health Services.

COVENANT AGAINST CONTINGENT FEES

No person or selling agency may be employed or retained to solicit or secure this MCH Agreement for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or established commercial or selling agencies maintained by the Agency for the purpose of securing business. If the preceding occurs, the State may annul this MCH Agreement without liability or deduct from the MCH Agreement the full amount of commission, percentage, brokerage, or contingent fee.

FREEZE EXEMPTIONS

The following policies which the Agency may adopt during the term of this MCH Agreement may not be applied to positions or restrict program operations funded in whole or in part by this MCH Agreement:

- any blanket hiring freezes or any other personnel policies related to hiring freezes or workweek reduction,
- any travel freeze,
- any purchasing freeze.

CONFLICT OF INTEREST

If the Agency violates any provision of the below paragraphs, the MCH Agreement is rendered void, unless the violation is technical or nonsubstantive.

(Citation: Public Contract Code, Section 10420)

Agency	<p>All reasonable efforts must be taken to prevent Agency's officers, agents, employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others. This provision does not prohibit the employment of persons with whom the Agency's officers, agents, or employees have family, business, or other ties so long as:</p> <ul style="list-style-type: none"> • the employment of those persons does not result in increased costs over those associated with the employment of any other equally qualified applicant, and/or • those persons have successfully competed for employment with other applicants on a merit basis. <p>If the State determines that a conflict of interest situation exists, it may terminate the MCH Agreement or disallow any increase in costs associated with the conflict of interest.</p>
Current State Officers and Employees	<p>No member of or delegate to Congress or the State Legislature may benefit directly or indirectly as a result of any award under this MCH Agreement. This restriction does not extend to a corporation for its general benefit.</p> <p>An employee in the state civil service is defined to be any person legally holding a permanent or intermittent position in the state civil service.</p> <p>Any state officer or employee in the state civil service or other appointed state official, including those on either paid or unpaid leave of absence from their regular state employment, may not be utilized in the performance of this MCH</p>

	<p>Agreement unless the employment, activity, or enterprise is required as a condition of the person's regular state employment.</p> <p>If any state officer or employee is utilized or employed in the performance of this MCH Agreement, the Agency must first obtain written verification from the State that the employment, activity, or enterprise is required as a condition of the officer's, employee's, or official's regular state employment and will keep verification on file for three years after the termination of this MCH Agreement.</p> <p>Volunteer work accepted by the Agency from any currently employed state officer, employee, or official may not be reimbursed, or otherwise paid or compensated, including travel expenses, per diem, etc.</p> <p>It is unlawful for anyone having a financial interest in this MCH Agreement to become a state officer, employee, or official during the term of this MCH Agreement.</p> <p>Occasional or one-time reimbursement of a state employee's travel expenses is not acceptable.</p> <p>(Citation: Public Contract Code, Section 10410)</p>
Former State Officers and Employees	<p>The following former employees of any state agency or department under state civil service, or otherwise appointed to serve in the State Government may not be utilized in the performance of the MCH Agreement.</p> <p>Any person who was engaged in any negotiations, transactions, planning, arrangement, or any part of the decision-making process relevant to the MCH Agreement while employed by any state agency or department. This prohibition is applicable for a two-year period beginning on the date the person left state employment.</p> <p>Any person who was employed in a policy-making position in the same general subject area as the proposed MCH Agreement within the 12-month period prior to the employee leaving state service. This prohibition is applicable for a one-year period beginning on the date the person left state employment.</p> <p>(Citation: Public Contract Code, Section 10411)</p>

DOCUMENTS AND WRITTEN REPORTS

Any document or written report prepared as a requirement of this MCH Agreement must contain, in a separate section preceding the main body of the document, the number and dollar amounts of all allocations and subcontracts relating to the preparation of this document or report, if the total cost for work by nonemployees of the State exceeds \$5,000.

PUBLICATION APPROVAL

Policy

All reports, publications, brochures, letters of interest or other materials which are deliverables in the SOW and are produced and/or paid for by the MCH Agreement for distribution to the public must be approved by MCH prior to publication. Any materials currently in publication that have not been previously approved by the MCH Branch need to be approved prior to reprinting and further publication.

Procedure

Sixty days prior to publication or reprinting of all reports, publications, brochures, letters of interest or other materials to be distributed, Agency must send to the Contract Manager:

- a cover letter explaining the purpose of the publication and requesting approval,
- a copy of the proposed publication/material,
- completed Annotation of Products Developed Form (Form 7), found in the Reporting Section of these Policies and Procedures.

The Contract Manager will provide, to the Agency, written approval/disapproval for printing the documents within 60 days.

PUBLICATION CREDIT

Policy

Journal articles, Public reports or publications regarding any Work performed with funds provided under this MCH Agreement must include a statement giving credit for support. This statement must also be included on any curriculum, educational materials, programs, program documentation, videotapes, and/or other audio-visual materials resulting from this MCH Agreement.

Procedure

Include a statement identifying funding support on the title page of public reports or publications.

Include a statement identifying funding support on the first page of any journal articles.

Sample statement/credit:

"This project was supported by funds received from the State of California, Department of Health Services, Maternal and Child Health Branch."

PRINTING

If the cost of printing or other reproduction work is more than ten percent of the total State reimbursement amount approved in this MCH Agreement, it must be printed or produced by the State Printer. The State Printer may, at his sole option, elect to forego this work and delegate the work to the private sector. If the State Printer prints or produces this work, or the State obtains the printing or other work through the Office of State Procurement, the cost will be deducted from the MCH Agreement amount. This requirement does not apply to normal in-house copying necessary for routine business matters of the Agency.

WORKS

Policy

The copyright to any and all Works under this MCH Agreement, whether published or unpublished, belongs to DHS from the moment of creation.

All public reports or publications must be submitted to the State's Contract Manager for review, written comment and/or approval by the State.

The State owns all Works.

All data/research reports or publications must contain:

- a disclaimer that credits any analysis, interpretations, or conclusions reached to the author(s) and not to the State, and
- a statement on the biases in the data known to affect the report findings.

The Agency must delete or scramble all confidential information prior to publication.

The federal government or State has the right to order, at any time during the performance of this MCH Agreement, or within two years from either acceptance of all items (other than data) to be delivered under this MCH Agreement or termination of this MCH Agreement, whichever is later, any work and any data not called for in the schedule of this MCH Agreement but generated in performance of this MCH Agreement. The Agency is relieved of obligation to furnish data pertaining to an item obtained from a subcontractor upon the expiration of two years from the date he accepts the items.

The State will not release the articles, reports or materials or comment publicly prior to their scheduled release.

Approval for use of Works must be obtained from the State.

Procedure

The Agency must obtain State approval as follows:

- the Agency must request prior written permission from the State to use confidential information (see Glossary for definition) in databases, according to the requirements of the parent database or the appropriate human subject review board.
- at least 60 days before the publication, reproduction or release of public report or document the Agency must supply the State with a copy of the publication/report for review, comment and approval.
- within 30 calendar days of the end of the term of this MCH Agreement, the Agency agrees to deliver, in a form which can be reproduced by the State, any Works developed in execution of this MCH Agreement.
- for independent research project articles, reports or materials, the Agency must provide the State with a copy of the final product.
- the Agency must promptly prepare and deliver the data as is ordered for actual costs of reproduction excluding overhead. If the principal investigator is no longer associated with the Agency, the Agency should exercise its best efforts to prepare and deliver the data as is ordered.

When data, other than the Work, is delivered, payment will be made, by equitable adjustment or otherwise, for converting the data into the prescribed form, reproducing it or preparing it for delivery. The terms of payment must be agreed upon in writing by the Agency and the State and/or federal government, whichever ordered the production of the data.

The Agency must request in writing and obtain written permission from the State to release to other parties data files or databases provided by the State or prepared or collected under this MCH Agreement.

INTELLECTUAL PROPERTY

Policy

The State retains ownership of the original and all copies of the Work and the medium such as original artwork and negatives, print ready art or copy, computer diskettes, etc.

The State will own all rights, title and interest in, but not limited to, the copyright to any and all Works, whether or not published.

The Agency must grant ownership to the State for any original Work that is not fixed in any tangible medium of expression. (California Civil Code, Section 982)

The State retains all rights to use, reproduce, distribute, or display any works produced under this agreement and any derivative works based on those works, as well as all other rights, privileges, and remedies granted or reserved to a copyright owner under statutory and common law copyright law.

For any product, data or material that is created, produced, conceptualized, developed, or delivered under this agreement that is not deemed a "Work", the Agency must grant the State a royalty-free, non-exclusive, and irrevocable license throughout the world to reproduce, to prepare derivative works, to distribute copies, to perform, to display or otherwise use, duplicate or dispose of the work in any manner for governmental purposes and to have or permit others to do so.

If the Agency enters into any agreements with other parties in order to perform the work required under this MCH Agreement, the Agency must require that the agreement(s) include clauses granting the State a copyright interest in any Works and ownership of any Works not fixed in any tangible medium of expression.

The Agency must require the other parties to assign those rights to the State on a form to be provided by the State. For any Works for which the copyright is not assigned to the State or for which the Agency failed to obtain copyright for the State, the Agency must obtain for the State, at the Agency's expense, a royalty-free, non-exclusive and irrevocable license throughout the world to reproduce, to prepare derivative works, to distribute copies, to perform, to display or otherwise use, duplicate or dispose of these Works in any manner for government purposes and to have or permit others to do so.

If the use of any Work is enjoined as a result of any action or proceeding, the Agency must, at its own expense and at the option of the State:

- procure for the State the right to continue to use the element; or
- replace the element with a comparable element which is non infringing or does not violate the rights or interest of any person or entity; or
- modify the element so it becomes non infringing or does not violate the rights or interest of any person or entity.

The Agency must represent and warrant that:

- it is free to adhere to these policies and procedures;
- it has secured or will secure all rights and licenses necessary for the production of the Work;
- neither the Work nor any of the materials it contains, nor the exercise by either party of the rights granted in this policy, will infringe upon or violate the rights or interests of any person or entity;
- neither the Work nor any part of it will:
 - (a) violate the right of privacy of, or
 - (b) constitute a libel or slander against, or
 - (c) infringe upon the copyright, literary, dramatic, statutory or common law rights, trademarks or service marks of any person, firm or corporation; and
- it has not granted and will not grant to any person or entity any right that would or might derogate, encumber or interfere with any of the rights granted to the State in this policy.

The State, its licensees and assignees, and their officers, directors, employees, agents, representatives, successors, licensees and assignees are indemnified defended and held harmless from and against all claims, actions, damages, losses, costs and expenses, including reasonable attorneys' fees, which any of them may sustain because of the use of the Work and any other materials furnished by the Agency under this MCH Agreement, or because of the breach of any of the representations or warranties made in this MCH Agreement.

All Works distributed under the terms of this MCH Agreement and any reproductions of visual works or text of these works must include a notice of copyright in a place that can be visually perceived either directly or with the aid of a machine or device. This notice should be placed prominently on the Work and set apart from other matter on the page where it appears.

For Work(s) requiring the use of other copyright holders' materials, the Agency must furnish the names and addresses of all copyright holder(s) or their agent(s), if any, and the terms of any license(s) or usage granted, at the time of delivery of the Work. No licensed materials will be used without prior written permission from the State.

Procedure

The Agency must make delivery of original and all copies of the Work and the medium such as original artwork and negatives, print ready art or copy, computer diskettes, etc. within 30 working days of request by the State.

**AMERICANS WITH
DISABILITIES ACT**

The Agency must comply with all requirements established under the Americans with Disabilities Act, in order to make programs accessible to all participants and to provide equally effective communications.

**DISABLED
VETERANS AND
VETERANS OF THE
VIETNAM ERA**

- A. The Agency will not discriminate against any employee or applicant for employment because he or she is a disabled veteran or veteran of the Vietnam era in regard to any position for which the employee or applicant for employment is qualified. The Agency agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled veterans and veterans of the Vietnam era without discrimination based upon their disability or veterans status in all employment practices such as the following: employment upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
- B. The Agency agrees that all suitable employment openings of the Agency which exist at the time of the execution of this MCH Agreement and those which occur during the performance of this MCH Agreement, including those not generated by this MCH Agreement and including those occurring at an establishment of the Agency other than the one wherein the MCH Agreement is being performed but excluding those of independently operated corporate affiliates, must be listed at an appropriate local office of the state employment service system wherein the opening occurs. The Agency further agrees to provide the reports to the local office regarding employment openings and hires as may be required.

State and local government agencies holding federal contracts of \$10,000 or more must also list all their suitable openings with the appropriate office of the state employment service, but are not required to provide those reports set forth in paragraphs AD and AE.

- C. Listing of employment openings with the employment service system pursuant to this clause must be made at least concurrently with the use of any other recruitment source or effort and will involve the normal obligations which attach to the placing of bona fide job order, including the acceptance of referrals of veterans and nonveterans. The listing of employment openings does not require the hiring of any particular job applicant or from any particular group of job applicants, and nothing herein is intended to relieve the Agency from any requirements in Executive Orders or regulations regarding nondiscrimination in employment.
- D. The reports required by paragraph AB of this clause must include, but not be limited to, periodic reports which must be filed at least quarterly with the appropriate local office or, where the Agency has more than one hiring location in a State, with the central office of that state employment service.
- The reports must indicate for each hiring location:
- the number of individuals hired during the reporting period,
 - the number of nondisabled veterans of the Vietnam era hired,
 - the number of disabled veterans of the Vietnam era hired, and
 - the total number of disabled veterans hired.

The reports should include covered veterans hired for the on-the-job training under 39 U.S.C. 1787. The Agency must submit a report within 30 days after the end of each reporting period wherein any performance is made on this MCH Plan and Budget identifying data for each hiring location. The Agency must maintain at each hiring location copies of the reports submitted until

the expiration of one year after final payment under the MCH Plan and Budget, during which time these reports and related documentation must be made available, upon request, for examination by any authorized representatives of the Federal Contracting Officer, the State, or the Secretary of Labor. Documentation would include personnel records respecting job openings, recruitment, and placement.

- E. Whenever the Agency becomes contractually bound to the listing provisions of this clause, it must advise the employment service system in each state where it has establishments of the name and location of each hiring location in the state. As long as the Agency is contractually bound to these provisions and has so advised the state system, there is no need to advise the state system of subsequent contracts. The Agency may advise the state system when it is no longer bound by this MCH Plan and Budget clause.
- F. This clause does not apply to the listing of employment openings which occur and are filled outside the 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands.
- G. The provisions of paragraphs AB, AC, AD, and AE of this clause do not apply to openings that the Agency proposes to fill from within his own organization or to fill pursuant to a customary and traditional employer-union hiring arrangement. This exclusion does not apply to a particular opening once an employer decides to consider applicants outside of his own organization or employer-union arrangement for that opening.
- H. As used in this clause:
 - All suitable employment openings includes, but is not limited to, openings which occur in the following job categories: production and nonproduction: plant and office; laborers and mechanics; supervisory and nonsupervisory, technical and executive, administrative, and professional openings that are compensated on a salary basis of less than \$25,000 per year. This term includes full-time employment, temporary employment of more than three days' duration, and part-time employment.

It does not include openings, which the Agency proposes to fill from within his own organization or to fill pursuant to a customary and traditional employer-union hiring arrangement, nor openings in an educational institution which are restricted to students of that institution. Under the most compelling circumstances, an employment opening may not be suitable for listing, including situations where the needs of the Federal Government cannot reasonably be otherwise supplied, where listing would be contrary to national security, or where the requirement of listing would otherwise not be for the best interest of the Federal Government.

- appropriate office of the state employment service system means the local office of the federal/state national system of public employment offices with assigned responsibility for serving the area where the employment opening is to be filled, including the District of Columbia, Guam, Puerto Rico, and the Virgin Islands.
- openings which the Agency proposes to fill from within his own organization means employment openings for which no consideration will be given to persons outside the Agency's organization (including any affiliates, subsidiaries, and the parent companies) and includes any openings which the Agency proposes to fill from regularly established Area call lists.
- openings which the Agency proposes to fill pursuant to a customary and traditional employer-union hiring arrangement means employment openings which the Agency proposes to fill from union halls which is part of the customary and traditional hiring relationship which exists between the Agency and representatives of his employees.

- I. The Agency agrees to comply with the rules, regulations, and relevant orders of the Federal Secretary of Labor issued pursuant to the Act.
- J. In the event of the Agency's noncompliance with the requirements of this clause, actions for noncompliance may be taken in accordance with the rules, regulations, and relevant orders of the Federal Secretary of Labor issued pursuant to the Act.
- K. The Agency agrees to post in conspicuous places available to employees and applicants for employment notices in a form to be prescribed by the Director of the Office of Federal Contract Compliance Programs, provided by or through the contracting Officers or State. Notices must state the Agency's obligation under the law to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam era for employment, and the rights of applicants and employees.
- L. The Agency will notify each labor union or representative of workers with which it has a collective bargaining agreement or other contract understanding that the Agency is bound by terms of the Vietnam Era Veteran's Readjustment Assistance Act and is committed to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era.
- M. The Agency will include the provisions of this clause in every subcontract or purchase order of \$10,000 or more unless exempted by rules, regulations, or orders of the Federal Secretary of Labor issued pursuant to the Act, so that provisions will be binding upon each subcontractor or vendor. The Agency will take action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs may direct to enforce provisions, including action for noncompliance.

**NON-
DISCRIMINATION
CLAUSE**

During the performance of this MCH Agreement, Agency and its subcontractors must not unlawfully discriminate, harass or allow harassment, against any employee or applicant for employment or in the provision of services because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40), marital status, and denial of family care leave. Agencies and subcontractors must insure that the evaluation and treatment of their employees and applicants for employment are free from discrimination and harassment.

Agency and subcontractors must comply with the provisions of the Fair Employment and Housing Act (Government Code, Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285.0 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations are incorporated into this MCH Agreement by reference and made a part hereof as if set forth in full. Agency and its subcontractors must give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.

This Agency must include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the MCH Agreement.

**NON-DISCRIMINATION
IN SERVICES,
BENEFITS, AND
FACILITIES**

For the purpose of this MCH Agreement, distinctions on the grounds of race, color, creed, national origin, sex, age, or physical or mental handicap include, but are not limited to, the following: denying a participant any service or providing a benefit to a participant which is different, or is provided in a different manner or at a different time from that provided to other participants under this MCH Agreement; subjecting a participant to segregation or separate treatment in any matter related to his receipt of any service; restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; treating a participant differently from others in determining whether he satisfied any admission, enrollment quota, eligibility, membership, or other requirement or condition which individuals must meet in order to be provided any service or benefit; the assignment of times or places for the provision of services on the basis of the race, color, creed, or national origin of the participants to be served.

The Agency will take affirmative action to ensure that intended beneficiaries are provided services without regard to race, color, creed, national origin, sex, age, or physical or mental handicap.

The Agency agrees that complaints alleging discrimination in the delivery of services by the Agency or his or her subcontractor because of race, color, national origin, creed, sex, age, or physical or mental handicap will be resolved by the State through the Department of Health Services' Affirmative Action/Discrimination Complaint Process.

The Agency must, subject to the approval of the Department of Health Services, establish procedures under which service participants are informed of their rights to file a complaint alleging discrimination or a violation of their civil rights with the Department of Health Services.

The Agency must operate the program or activity in a manner that it is readily accessible to usable by mentally or physically handicapped persons pursuant to 45 Code of Federal Regulations, Parts 84, Sections 84.21 and 84.22.

The Agency must keep records, submit required compliance reports, and permit state access to records in order that the State can determine compliance with the nondiscrimination requirement pursuant to 45 Code of Federal regulations, Parts 80, 84, and 90, Sections 80.6, 84.61 and 90.42.

**EQUAL
OPPORTUNITY
CLAUSE**

The Agency must not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, or age. The Agency must take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, national origin, physical or mental handicap, or age. This action must include, but not be limited to the following: employment, upgrading, promotion or transfer; recruitment or recruitment advertising; layoff or termination, rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship.

The Agency agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government and the State, setting forth the provisions of the Equal Opportunity clause and the Rehabilitation Act of 1973. Notices must state the Agency's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without

discrimination based on their race, color, religion, sex, national origin, physical or mental handicap or age and the rights of applicants and employees.

The Agency will, in all solicitations or advertisements for employees placed by or on behalf of the Agency, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, physical or mental handicap or age.

The Agency will send to each labor union or representative of workers with which he or she has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or worker's representative of the Agency's commitments under this Equal Opportunity clause and must post copies of the notice in conspicuous places available to employees and applicants for employment.

The Agency will comply with all provisions of the Rehabilitation Act of 1973 and of the Federal Executive Order No. 11246 as amended, and of the rules, regulations, and relevant orders of the Secretary of Labor.

The Agency will furnish all information and reports required by Federal Executive Order No. 11246 as amended and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the contracting agency and the Secretary of Labor for purposes of investigation to ascertain compliance with rules, regulations and orders.

In the event of the Agency's noncompliance with the requirements of this Equal Opportunity clause or with any federal rules, regulations, or orders which are referenced in this clause, this MCH Agreement may be canceled, terminated, or suspended in whole or in part and the Agency may be declared ineligible for further federal or state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

The Agency will include the provisions of this entire clause in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, or Section 503 of the Rehabilitation Act of 1973, so that provisions will be binding upon each subcontractor or vendor. The Agency will take action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or the State may direct as a means of enforcing provisions including sanctions for noncompliance provided, however, that in the event the Agency becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of direction by the State, the Agency may request in writing to the State, who, in turn, may request the United States to enter into litigation to protect the interests of the State and of the United States.

**CHILD SUPPORT
COMPLIANCE ACT
ACKNOWLEDGE-
MENT**

Effective January 1, 1999, by signing this contract that exceeds \$100,000, the Contractor acknowledges that:

- A. The Contractor recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of Family Code; and
- B. The Contractor, to the best of its knowledge, is fully complying with the earnings assignment orders of all employees and providing the names of all new employees to the New Hire registry maintained by the California Employment Development Department.
- C. Questions about the New Employee registry and reporting requirements are to be directed to the California Employment Development Department.

**DRUG FREE
WORKPLACE**

Agency must provide a drug-free workplace by doing all of the following:

- publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's or organization's workplace and specifying the actions that will be taken against employees for violations of the prohibition.
- establishing a drug-free awareness program to inform employees about all of the following:
 - (a) the dangers of drug abuse in the workplace,
 - (b) the person's or organization's policy of maintaining a drug-free workplace,
 - (c) any available drug counseling, rehabilitation, and employee assistance programs,
 - (d) the penalties that may be imposed upon employees for drug abuse violations.
- requiring that each employee engaged in the performance of the MCH Agreement or grant be given a copy of the statement required by the first bulleted item of this provision and that, as a condition of employment on the contract, grant, or any other agreement, the employee agrees to abide by the terms of the statement.
- agreeing that this MCH Agreement is subject to suspension of payments or termination, or both, and the Agency may be subject to debarment, in accordance with the requirements of the Government Code Section 8350, et seq., if the Department determines that any of the following has occurred:
 - (a) the Agency or grantee has made a false certification.
 - (b) the Agency violates the certification by failing to carry out the requirements of the above bulleted provisions of this clause.

**CERTIFICATION
REGARDING
ENVIRONMENTAL
TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan

guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The offer or/Agency (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients will certify accordingly.

CLEAN AIR AND WATER

The Agency agrees under penalty of perjury (it, he, she) is not in violation of any order or resolution that is not subject to review promulgated by the State Air Resources Board or an air pollution district.

The Agency agrees under penalty or perjury (it, he, she) is not subject to cease and desist which is not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions, or is not finally determined to be in violation of provisions of federal law relating to air or water pollution.

If the MCH Agreement or subcontract exceeds \$100,000 or the MCH Agreement is not otherwise exempt under 40 CFR 15.5., the Agency agrees as follows:

- to comply with all the requirements of Section 114 of the Clean Air act as amended (42 U.S.C. 7401 et seq., as amended by Public Law 95-95), and section 308 of the Federal Water Pollution Control Act (33 U.S.C. 1251 et seq., as amended by Public Law 92-500), respectively, relating to inspection, monitoring, entry, reports, and information, as well as all other requirements specified in Section 114 and Section 308 of the Air Act and the Water Act, respectively, and all regulations and guidelines issued to implement those Acts before the award of this MCH Agreement.
- that no portion of the work required by this MCH Agreement will be performed in a facility listed on the Environmental Protection Agency List of Violating Facilities on the date when this allocation was awarded unless and until the Environmental Protection Agency eliminates the name of the facility or facilities from the listing.
- to use his best efforts to comply with clean air standards and clean water standards at the facility in which the MCH Agreement is being performed. The terms used in this paragraph have the following meanings:
 - (a) the term 'clean air standards' means any enforceable rules, regulations, guidelines standards, limitations, orders, controls, or prohibitions or other requirements which are contained in, issued under, or adopted pursuant to the Clean Air Act.
 - (b) the term 'clean water standards' means any enforceable limitation, control, condition, prohibition, standard, or another requirement which is promulgated pursuant to the Clean Water Act or contained in a permit issued to a discharger by EPA or by the State under an approved program as authorized by Section 402 of the Clean Water Act (33 U.S.C. 1317), and regulations issued pursuant thereto.
 - (c) in addition to compliance with clean air and water standards, the term compliance also means compliance with a schedule or plan ordered or approved by a court of competent jurisdiction, the Environmental Protection Agency, or an air or water pollution control

agency in accordance with the requirements of the Clean Air Act and the Federal Water Pollution Control Act.

- as a condition for the award of this MCH Agreement, the applicant or Agency must notify the State of the receipt of any communication from the Assistant Administrator for Enforcement, U.S. EPA indicating that a facility to be utilized for the MCH Agreement is under consideration to be listed on the EPA List of Violating Facilities. Prompt notification is required prior to MCH Agreement award.
- to report violations to the State and to the Assistant Administrator for Enforcement.
- to insert the substance of the provisions of the third paragraph of this clause into any nonexempt subcontract, including this paragraph, and to take action as the Federal Government may direct as a means of enforcing provisions.

DEBARMENT AND SUSPENSION REQUIREMENTS

Agency agrees to comply with the debarment and suspension requirements as found in 7 Code of Federal Regulations, Part 3017, or an amended.

LIMITATIONS ON PAYMENTS TO INFLUENCE CERTAIN FEDERAL ACTIONS AND RELATED DISCLOSURES

- (a) Definitions. As used in this Exhibit,
- Agency, as defined in 5 U.S.C. 552(f), includes federal executive departments and agencies as well as independent regulatory commissions and government corporations, as defined in 31 U.S.C. 9101(1).
 - Covered Federal action means any of the following federal actions:
 - (1) the awarding of any federal contract;
 - (2) the making of any federal grant;
 - (3) the making of any federal loan;
 - (4) the entering into of any cooperative agreement; and
 - (5) contract, grant, loan, or cooperative agreement.Covered Federal action does not include receiving from an Agency a commitment providing for the United States to insure or guarantee a loan.
 - Indian tribe and tribal organization have the meaning provided in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450B). Alaskan Natives are included under the definitions of Indian tribes in the Act.
 - Influencing or attempting to influence means making, with the intent to influence, any communication to or appearance before an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with any covered Federal action.
 - Local government means a unit of government in a State and, if chartered, established, or otherwise recognized by a State for the performance of a government duty, including a local public authority, a

special district, an intrastate district, a council of governments, a sponsor group representative organization, and any other instrumentality of a local government.

- Officer or employee of an agency includes the following individuals who are employed by an agency:
 - (1) An individual who is appointed to a position in the Government under title 5, U.S. Code, including a position under a temporary appointment;
 - (2) a member of the uniformed services as defined in section 101(3), title 37, U.S. Code;
 - (3) a special government employee as defined in section 202, title 18, U.S. Code; and
 - (4) an individual who is a member of a Federal advisory committee, as defined by the Federal Advisory Committee Act, title 5, U.S. Code, Appendix 2.
- Person means an individual, corporation, company, association, authority, firm, partnership, society, State, and local government, regardless of whether the entity is operated for profit or not for profit. This term excludes an Indian tribe, tribal organization, or any other Indian organization with respect to expenditures specifically permitted by other Federal law.
- Reasonable compensation means, with respect to a regularly employed officer or employee of any person, compensation that is consistent with the normal compensation for the officer or employee for work that is not furnished to, not funded by, or not furnished in cooperation with the Federal Government.
- Reasonable payment means, with respect to professional and other technical services, a payment in an amount that is consistent with the amount normally paid for services in the private sector.
- Recipient includes the Agency or Grantee, and all subcontractors or subgrantees at any tier in connection with a Federal contract, grant, or other Federally funded activity. The term excludes an Indian tribe, tribal organization, or any other Indian organization with respect to expenditures specifically permitted by other Federal law.
- Regularly employed means, with respect to an officer or employee of a person requesting or receiving a Federal contract, an officer or employee who is employed by the person for at least 130 working days within one year immediately preceding the date of the submission that initiates agency consideration of the person for receipt of the contract. An officer or employee who is employed by the person for less than 130 working days within one year immediately preceding the date of the submission that initiates agency consideration of the person is considered to be regularly employed as soon as he or she is employed by the person for 130 working days.
- State means a State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, a territory or possession of the United States, an agency or instrumentality of a State, and a multi-State, regional, or interstate entity having governmental duties and powers.

(b) Prohibition

- (1) Section 1352 of title 31, U.S. Code provides in part that no appropriated funds may be expended by the recipient of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered Federal actions: The awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) The prohibition does not apply as follows:
 - (i) Agency and legislative liaison by Own Employees.
 - (A) The prohibition on the use of appropriate funds, in paragraph (b)(1), does not apply in the case of a payment of reasonable compensation made to an officer or employee of a person requesting or receiving a Federal contract if the payment is for agency and legislative liaison activities not directly related to a covered Federal action.
 - (B) For purposes of paragraph (b)(2)(i)(A), providing any information specifically requested by an agency or Congress is allowable at any time.

- (C) For purposes of paragraph (b)(2)(i)(A) of this section, the following agency and legislative liaison activities are allowable at any time only where they are not related to a specific solicitation for any covered Federal action:
 - (1) Discussing with any agency (including individual demonstrations) the qualities and characteristics of the person's products or services, conditions or terms of sale, and service capabilities; and,
 - (2) Technical discussions and other activities regarding the application or adaptation of the person's products or services for an agency's use.
- (D) For purposes of paragraph (b)(2)(i)(A) of this section, the following agency and legislative liaison activities are allowable only where they are prior to formal solicitation of any covered Federal action:
 - (1) Providing any information not specifically requested but necessary for an agency to make an informed decision about initiation of a covered Federal action;
 - (2) Technical discussions regarding the preparation of an unsolicited proposal prior to its official submission; and,
 - (3) Capability presentations by persons seeking awards from an agency pursuant to the provisions of the Small Business Act, as amended by Public Law 95-507 and other subsequent amendments.
- (E) Only those activities expressly authorized by paragraph (b)(2)(i) are allowable under paragraph (b)(2)(i).
- (ii) Professional and technical services by Own Employees
 - (A) The prohibition on the use of appropriate funds, in paragraph (b)(1), does not apply in the case of any reasonable payment of reasonable compensation made to an officer or employee of a person requesting or receiving a Federal contract or an extension, continuation, renewal, amendment, or modification of a Federal contract if payment is for professional or technical services rendered directly in the preparation, submission or negotiation of any bid, proposal, or application for that Federal contract or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract.
 - (B) For purposes of paragraph (b)(2)(ii)(A), professional and technical services will be limited to advice an analysis directly applying any professional or technical discipline. For example, drafting of a legal document accompanying a bid or proposal by a lawyer is allowable. Similarly, technical advice provided by an engineer on the performance or operational capability of a piece of equipment rendered directly in the negotiation of a contract is allowable. However, communications with the intent to influence made by a professional (such as a licensed lawyer) or a technical person (such as a licensed accountant) are not allowable under this section unless they provide advice and analysis directly applying their professional or technical expertise and unless the advice or analysis is rendered directly and solely in the preparation, submission or negotiation of a covered Federal action. Thus, for example, communications with the intent to influence made by a lawyer that do not provide legal advice and analysis directly and solely related to the legal aspects of his or her client's proposal, but generally advocate one proposal over another are not allowable under this section because the lawyer is not providing professional legal services. Similarly, communications with the intent to influence made by an engineer providing an engineering analysis prior to the preparation or submission of a bid or proposal are not allowable under this section since the engineer is providing technical services but not directly in the preparation, submission or negotiation of a covered Federal action.

- (C) Requirements imposed by or pursuant to law as a condition for receiving a covered Federal award include those required by law or regulation, or reasonably expected to be required by law or regulation, and any other requirements in the actual award documents.
- (D) Only those services expressly authorized by paragraph (b)(2)(ii) are allowable under paragraph (b)(2)(ii).
- (iii) Reporting for Own Employees.
No reporting is required with respect to payments of reasonable compensation made to regularly employed officers or employees of a person.
- (iv) Professional and technical services by Other than Own Employees.
 - (A) The prohibition on the use of appropriated funds, in paragraph (b)(1), does not apply in the case of any reasonable payment to a person, other than an officer or employee of a person requesting or receiving a covered Federal action, if the payment is for professional or technical services rendered directly in the preparation, submission, or negotiation of any bid, proposal, or application for that Federal contract or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract.
 - (B) For purposes of paragraph (b)(2)(iv)(A), professional and technical services will be limited to advice and analysis directly applying any professional or technical discipline. For example, drafting of a legal document accompanying a bid or proposal by a lawyer is allowable. Similarly, technical advice provided by an engineer on the performance or operational capability of a piece of equipment rendered directly in the negotiation of a contract is allowable. However, communications with the intent to influence made by a professional (such as licensed lawyer) or a technical person (such as a licensed accountant) are not allowable under this section unless they provide advice and analysis directly applying their professional or technical expertise and unless the advice or analysis is rendered directly and solely in the preparation, submission or negotiation of a covered Federal action. Thus, for example, communications with the intent to influence made by a lawyer that do not provide legal advice or analysis directly and solely related to the legal aspects of his or her client's proposal, but generally advocate one proposal over another are not allowable under this section because the lawyer is not providing professional legal services. Similarly, communication with the intent to influence made by an engineer providing an engineering analysis prior to the preparation or submission of a bid or proposal are not allowable under this section since the engineer is providing technical services but not directly in the preparation, submission or negotiation of a covered Federal action.
 - (C) Requirements imposed by or pursuant to law as a condition for receiving a covered Federal award include those required by law or regulation, or reasonably expected to be required by law or regulation, and any other requirements in the actual award documents.
 - (D) Persons other than officers or employees of a person requesting or receiving a covered Federal action include consultants and trade associations.
 - (E) Only those services expressly authorized by paragraph (b)(2)(iv) of this section are allowable under paragraph (b)(2)(iv).
- (v) The prohibition on use of Federal appropriated funds does not apply to influencing activities not in connection with a specific covered Federal action. These activities include those related to legislation and regulations for a program versus a specific covered Federal action. (55 Fed. Reg. 24542 (June 15, 1990).)

- (c) Certification and Disclosure.
- (1) Each person (or recipient) who requests or receives a contract, subcontract, grant, or subgrant, which is subject to section 1352 of title 31, United States Code, and which exceeds \$100,000 at any tier, must file a certification (in the form set forth in Attachment 1, consisting of one page, entitled Certification Regarding Lobbying) that the recipient has not made, and will not make, any payment prohibited by paragraph (b) of this Exhibit.
 - (2) Each recipient must file a disclosure (in the form set forth in Attachment 2 consisting of three pages, entitled Standard Form-LLL-Disclosure of Lobbying Activities) if the recipient has made or has agreed to make any payment using nonappropriated funds (to include profits from any covered Federal action) in connection with a contract or grant or any extension or amendment of that contract or grant, which would be prohibited under paragraph (b) of this Exhibit if paid for with appropriated funds.
 - (3) Each recipient must file a disclosure form at the end of each calendar quarter in which there occurs any event that requires disclosure or the materially affects the accuracy of the information contained in any disclosure form previously filed by the person under paragraph (c)(2). An event that materially affects the accuracy of the information reported includes:
 - (i) A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered Federal action; or
 - (ii) A change in the person(s) or individual(s) influencing or attempting to influence a covered Federal action; or,
 - (iii) A change in the officer(s), employee(s), or Member(s) contacted for the purpose of influencing or attempting to influence a covered Federal action.
 - (4) Each person (or recipient) who requests or receives from a person referred to in paragraph (c)(1) of this section a contract, subcontract, grant, or subgrant exceeding \$100,000 at any tier under a contract or grant must file a certification, and disclosure form, if required, to the next tier above.
 - (5) All disclosure forms (but not certifications) must be forwarded from tier to tier until received by the person referred to in paragraph (1) of this section. That person must forward all disclosure forms to the State agency.
- (d) Agreement. In accepting any contract, grant, subcontract or subgrant subject to this Exhibit, the recipient (and any person submitting an offer for a contract or grant) agrees not to make any payment prohibited by law or this Exhibit.
- (e) Penalties
- (1) Any person who makes an expenditure prohibited under paragraph (b) of this Exhibit is subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each expenditure.
 - (2) Any person who fails to file or amend the disclosure form to be filed or amended if required by this Exhibit, is subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.
 - (3) Recipients may rely without liability on the representations made by their subcontractors or subgrantees in the certification and disclosure form.
- (f) Cost allowability. Nothing in this Exhibit is to be interpreted to make allowable or reasonable any costs which would be unallowable or unreasonable in accordance with Part 31 of the Federal Acquisition Regulation. Conversely, costs made specifically unallowable by the requirements in this Exhibit will not be made allowable under any of the provisions of Part 31 of the Federal Acquisition Regulation.

**SEXUAL
HARRASSMENT**

It is the policy of DHS that all employees have a right to work in an environment free from all forms of discrimination, including sexual harassment, intimidation or coercion. Sexual harassment is prohibited by Title VII of the Civil Rights Act of 1964, as amended, and the Fair Employment and Housing Act. It is

also specifically prohibited by the Equal Employment Opportunity Commission and the Department of Fair Employment and Housing guidelines.

DHS has taken an unequivocal stance that sexual harassment is unacceptable, illegal, and will not be tolerated. All employees are responsible for helping to ensure that sexual harassment does not occur by conducting themselves in an appropriate manner and by reporting harassment they observe. Disciplinary action, up to and including dismissal, will be taken against those individuals determined to be in violation of this policy.

This sexual harassment policy extends to the conduct of DHS supervisory and nonsupervisory personnel, contractors, vendors, clients and customers. Although the general public is not covered under this policy, employees acting in the capacity of a state employee who violate this policy by sexually harassing visitors or other individuals affiliated with DHS are subject to disciplinary action.

Sexual harassment is generally defined as unsolicited and unwelcome sexual advances of a severe or pervasive nature, whether they are written, verbal, physical or visual. The offense usually occurs when:

- submission to that conduct or communication is made either explicitly or implicitly a term or condition of employment;
- submission to or rejection of that conduct or communication by an employee is used as a basis for employment decisions affecting the employee (known as “quid pro quo” sexual harassment which usually involves some type of threat or reward); or
- such conduct or communication has the purpose, effect or potential to affect an employee’s performance negatively or create an intimidating, hostile or otherwise offensive work environment (known as hostile environment sexual harassment).

The following are examples of sexual harassment prohibited by this policy:

- unwanted sexual advances (this may include continuing expressions of sexual interest after being informed that the interest is unwelcome or situations which began as reciprocal attractions, but later ceased to be reciprocal).
- leering, staring in a sexual manner or whistling at another person.
- displaying sexually suggestive objects, pictures, cartoons or posters.
- communication of a sexual nature, sexually explicit jokes, sexual gestures and comments, sexually suggestive letters, notes, invitations, e-mail, voice mail or gifts.
- reprisals or threats after a negative response to sexual advances.
- Employment benefits affected in exchange for sexual favors (may include situations where a third party is treated less favorably because others have acquiesced to sexual advances).
- physical assaults, such as rape, sexual battery or attempts to commit these assaults or, intentional physical conduct such as impeding or blocking movement, or touching or brushing against another employee’s body.
- hazing of opposite-sex employees (usually occurs in non-traditional jobs, e.g., females in trades or males in nursing).
- derogatory comments or jokes regarding an individual’s sexual orientation.

Whether or not conduct constitutes sexual harassment may depend on the context in which the conduct takes place and how that conduct is viewed by the employee who is subjected to that conduct. Any employee who initiates or persists in the conduct that is viewed by another as being of a sexual nature assumes the risk of liability and the possible penalties for conduct which has the effect of sexual harassment regardless of the employee’s intent.

This policy prohibits retaliation of any kind against individuals who file sexual harassment charges or assist in an investigation. An employee bringing a sexual harassment complaint or assisting in the investigation of a complaint will not be adversely affected in the terms and conditions of employment, nor discriminated against or discharged because of the complaint. If after a thorough investigation, retaliation is found to have occurred, appropriate disciplinary action will be taken against the party accused.

ADDRESS

All official correspondence must be sent to:

**Department of Health Services
Maternal and Child Health Branch
Operations Section
Attn: Name of Contract Manager
714 "P" Street, Room 708
Sacramento, CA 95814**

SIGNATURES (Contract's Only)

The official with authority to commit the agency to an agreement must sign on the designated line of the Agreement. All other signatures must be placed on the reverse of the Agreement's face sheet.

Agreements may be submitted to MCH signed with a facsimile (stamped) signature of the board chairperson where the board is the governing body. However, the file copy of the Agreement in the board's clerk's office must bear the personal signature of the board chairperson.

When submitting an Agreement containing a facsimile signature, the clerk must include a certificate stating that a copy of the Agreement has been delivered to the board chairperson.

With the exception of the authorized signature, all other stamps, notes and signatures must be placed on the reverse of the Agreement's face sheet. Stamps, notes, or signatures that obscure language on the face of the Agreement may be cause for the Agreement to be returned uncertified.

GLOSSARY

ACTUAL COST	The actual price paid for real bona fide purchase costs of goods and services pursuant to the conduct of the MCH Agreement.
AFLP PROVIDER	An organization/agency that is contracting with MCH to provide comprehensive case management services to pregnant and parenting adolescents as prescribed by the MCH agreement and the AFLP standards.
ASPPP PROVIDER	An organization/agency that is contracting with MCH to provide case management services to the highest risk siblings of AFLP or Cal-Learn Clients as prescribed by the MCH agreement and the ASPPP standards.
AGENCY	A non-profit entity which is either governmental (e.g., city or county health department, local school district) or non-governmental (e.g., community-based organization, hospital, etc.) entity entering into an agreement with the MCH Branch to provide AFLP or AFLP/ASPPP services.
AGREEMENT	Non-Allocation Agencies - A Standard Agreement form or an interagency Agreement
ALLOCATION AGENCIES –	An approved Agreement
ALLOWABLE COST	Costs incurred which are necessary to carry out the approved MCH Agreement.
AMENDMENT	<p>A formal change to the terms of the Grant Agreement which is caused by any of the following circumstances:</p> <ul style="list-style-type: none"> • Budget line item transfers which exceed \$50,000 in the aggregate or an amount designated by the State, • The maximum amount payable is increased, • New programs or program components are added, or • Existing programs are deleted.
BASE COST PER UNIT	The purchase price of an item, excluding tax, delivery, installation charges, etc.
BUDGET REVISION	A change in the previously approved Budget Document.
CAPITAL EXPENDITURES	Items with a base cost per unit of \$5,000 or more and a useful life expectancy of four or more years, including telecommunications, and Electronic Data Processing/Automated Data Processing software having a base cost per unit of \$5000 or more.
CASE MANAGEMENT	An interactive process that includes the following components: (1) outreach and case finding, (2) intake, (3) assessment and re-assessment, (4) planning, (5) intervention, (6) monitoring of service provision, (7) advocacy on behalf of clients, and (8) evaluation of service delivery. It is conducted within a supportive multi- and transdisciplinary network. It is client centered, culturally/linguistically appropriate, and goal oriented.

CASE MANAGER	The individual responsible for, but not limited to: (1) outreach, (2) assessing and reassessing needs, (3) problem solving, (4) counseling, (5) monitoring, (6) coordinating and evaluating services, and (7) acting as a client advocate.
CERTIFIED	When used in regard to: <ul style="list-style-type: none"> Financial statements – examined and reported upon with an opinion expressed by an independent public or certified public accountant. Agreements or Amendments – fully executed and legal document.
CLIENT	An adolescent who meets all requirements to enroll in the AFLP or ASPPP and has been informed about services offered, as well as their responsibilities; has chosen to participate; and has a signed consent form to participate in the program (including parents and legal guardians when required by law).
CLIENT-SLOTS	The allocated number of spaces available within an AFLP or ASPPP for eligible clients.
CLIENT CONTACT	A face-to-face visit, group visit, or telephone contact with the client that provides one or more of the following services; counseling, monitoring, assessment, evaluation, and/or crisis intervention.
CLIENT RECORD	A confidential record of the client’s intake information, assessments, Individual Service Plan, progress notes, case management activities, and other relevant information.
COLLABORATE	Work together with agencies/service providers and the community in an effort to assure that necessary and appropriate services are available to Clients.
COMPREHENSIVE BASELINE ASSESSMENT	An interactive, face-to-face process with the client that provides a profile of the client and helps to determine client strengths and needs. The Assessment is the basis of the Individual Service Plan (ISP).
CONFIDENTIAL INFORMATION	Information containing patient identifiers, including but not limited to: <ul style="list-style-type: none"> * Name * Address * Telephone number * Social security number * Medical identification number * Drivers license number It includes any information that either identifies an adolescent or the adolescent’s family, or by which the identity can be determined with reasonable accuracy and speed either directly or by reference to other publicly available information. Confidential information cannot be revealed to anyone outside the clinical relationship or specific service delivery system that originally received the personal information unless, the individual consents to further disclosure. Any situation that involves a legal exception is not subject to the rule of confidentiality.
CONTACT PERSON	A person appointed by the Agency to interact with MCH Branch and Agency personnel regarding administration of the MCH Program.
CONTRACT MANAGER	A MCH staff person who is assigned to an agency for non-programmatic fiscal and administrative technical assistance.
COUNSELING DUTY	A component of case management that includes guidance, education, and support.

STATEMENT	Description of the specific tasks and work responsibilities assigned to a given position. It also identifies the reporting relationships, and special characteristics of the position.
ENHANCED FUNDING	Federal Title XIX reimbursement of eligible approved costs at the ratio of 75 percent federal dollars to 25 percent State or Agency dollars.
EXHIBIT	An attachment included in the Agreement
FAMILY	For the purposes of AFLP/ASPPP, the term is broadly and liberally defined to include the pregnant and/or parenting adolescent and her partner, the mother or father of the index child, siblings, and parents of the teen parents; as well as other persons providing care and support to the pregnant/parenting teen and siblings.
FEDERAL FINANCIAL PARTICIPATION	A funding mechanism used to generate additional revenue by matching Agency or State dollars with federal Title XIX dollars at an Enhanced and/or Non-enhanced rate for the proper and efficient administration of the Medi-Cal program.
FRINGE BENEFITS	Employer contributions for employer portion of payroll taxes (i.e., FICA, SUI, SDI, Training) Employee health plans (i.e., health, dental, and vision) Unemployment insurance, Workers compensation insurance, and, Employer's portion of pension/retirement plans provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.
FTE	Full-Time-Equivalent means a standard eight-hour workday; 40 hours per week; or 2,080 hours per year.
INDEX CHILD	For clients who enter the program pregnant/expecting, the first child born in the program. For clients who enter the program parenting and are not pregnant/expecting, the youngest child at the time of intake.
INDIRECT COSTS	Those costs which are within the Agency and cannot be clearly identified as expenses to direct program costs. The calculation is based on Total Wages (excluding benefits) from the Personnel Detail Worksheet.
INDIVIDUAL SERVICE PLAN (ISP)	The document that specifies goals, interventions, activities, services, and timelines in response to the unique needs of the client.
INFORMAL AGREEMENT	A non-written agreement between two programs or agencies.
INTAKE	The interactive process to enroll a client into the program.
INTERAGENCY AGREEMENT	A written agreement between the lead AFLP/ASPPP agency and another agency specifying what services are to be provided, how they are to be provided, referral systems, follow-up activities, and mutual responsibility for maintaining the agreement.
INTERVENTIONS	Those services and activities needed to assist the client to ameliorate health, psychosocial, educational, vocational, daily living or economic problems that may be acute, chronic, episodic, or emergent.

CONTROLLED ITEMS	Includes, but is not limited to, computers, audio, visual and telecommunications items having a base unit cost of more than \$5,000.
JOB SPECIFICATION	A document describing standard educational and experience requirements for appointment to a specific position. Sometimes referred to as a classification specification.
MANAGEMENT INFORMATION SYSTEM (MIS)	A computer program designed to collect client data and produce reports (e.g. Lodestar).
MEDI-CAL BENEFICIARY	An individual who meets the requirements/criteria to receive medi-cal benefits.
MEDI-CAL ELIGIBLE	Individuals who have applied for and been granted Medi-Cal benefits.
MEMORANDUM OF UNDERSTANDING (MOU)	A written agreement used among programs within a single agency that defines roles and responsibilities of participating programs.
MONTHS OF SERVICE (MOS)	The equivalent of the number of Client slots times 12 months. (Refer to the glossary for Client Slots).
NETWORKING	Agencies and/or individuals working collaboratively to identify service gaps, develop needed services and assure access to care.
NON-ENHANCED FUNDING	Federal Title XIX reimbursement of eligible approved costs at the ratio of 50 percent federal dollars to 50 percent State or Agency dollars.
OUTREACH	The process of informing potential clients, agencies and service providers about AFLP/ASPPP eligibility requirements, program services and referral procedures.
PROGRAM CONSULTANT	MCH staff person assigned to an agency who provides skilled expertise in the areas of program standards, SOW, personnel, program policy development, quality assurance and contract oversight.
PROJECT DIRECTOR	The individual appointed by the agency, and approved by the MCH Branch, who has direct over-site of the AFLP/ASPPP. This definition includes individuals with titles such as project or program coordinator and program manager.
SCOPE OF WORK	The exhibit in the contract, which defines the program goal(s), measurable objective(s), implementation activities, time line, and methods(s) of evaluating the process and/or outcome of objective(s).
SERVICE NETWORK	A collaboration of agencies, programs, and individuals providing services to clients.
SIBLING	A brother or sister of a pregnant and/or parenting adolescent (enrolled in AFLP or Cal-Learn) who has at least one common caregiver.

SITE VISIT	A visit by the Program Consultant and/or Contract Manager to an AFLP/ASPPP provider.
STANDARDS IMPLEMENTATION DOCUMENT	An agency document that describes the process by which a client enters the AFLP/ASPPP system, receives services, and exits the program. It includes who, what, when, and where of case management services. (Refer to the appendix for policy letter.)
SUBCONTRACT	A written agreement between the Agency and a subcontractor specifically related to securing or fulfilling the Agency's obligation to the MCH Branch under the terms of this MCH Agreement.
SUBCONTRACTOR	An entity which has entered into a subcontract with the Agency specifically related to securing or fulfilling the Agency's obligation to complete the SOW under the terms of the MCH Agreement.
SUBSTANCE ABUSE	Excessive use of a drug, legal and/or illegal.
SUBSTANCE USE	Use of a drug, legal and /or illegal without medical justification
TITLE V FUNDS	Federal MCH Block Grant funds authorized under Title V of the federal Social Security Act for the purposes of improving the health of women, infants, and children including children with special health care needs. Title V funds cannot be used for the purposes of federal financial participation.
TITLE XIX FUNDS	Federal Medicaid money obtained under Title XIX of the federal code by means of State and/or local revenue. Funding can be matched for costs of activities related to eligible and potentially eligible Medi-Cal women and children.
WAITING LIST	An organized log of prioritized clients waiting for entry into AFLP/ASPPP.
WORKS	All literary works, writings and printed matter including the medium by which it is recorded or reproduced, including but not limited to procedural manuals, forms, diagrams, work flow charts, equipment descriptions, data, data files or data bases, research and reports, photographs, art work, pictorial and graphic representations and works of a similar nature, motion pictures, videotapes and other audiovisual works, sound recordings, tapes, educational materials, original computer programs (including executable computer programs and supporting data in any form) and any other materials or products created, produced, conceptualized, developed, or delivered as a result of this MCH Agreement (whether or not copyrighted or copyrightable). It includes final products and any materials and information developed for the purpose of producing those final products.

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
916-657-1332

SEP 9 1997



TO: ADOLESCENT FAMILY LIFE PROGRAM CONTRACTORS

Enclosed is the **Standards Implementation** format to be used by your agency to determine how your agency will implement the Adolescent Family Life Program/Adolescent Sibling Pregnancy Prevention Program (AFLP/ASPPP) Standards. For each Standard, the format requires that the agency answer the questions of **who, what, where, when, and how**, for **rationale, structure, process**, and when appropriate, **outcome** criteria. It will be necessary in some instances to be more specific and to provide more detail when answering these questions.

There is some confusion regarding the definition(s) of protocols and/or policies and procedures. The Maternal and Child Health (MCH) Branch has therefore decided not to label this document. Protocols and/or policies and procedures are to be developed based on your agency's philosophy and guidelines. The current deliverables according to the Scope of Work, Goal 2, Objective 2 and Goal 5, Objective 3 to be submitted to the MCH Branch by December 31, 1997, are the newly developed or revised agency protocols and/or policies and procedures. This deliverable will **now** be called the AFLP/ASPPP Standards Implementations document. This document which may be defined as protocols and/or policies and procedures should be reviewed and revised, as necessary, and submitted to the MCH Branch for next year's contract by September 30, 1998 and updated annually thereafter. All documents should be maintained at the agency for review by State or Federal staff.

The AFLP/ASPPP Standards and the new Standards Implementation document will be discussed briefly at the September AFLP Director's Meeting. Please bring your copy of these documents to this meeting.

Thank you for your patience, input/assistance, and support as the AFLP/ASPPP Standards, Comprehensive Baseline Assessment forms, and other documents necessary to assure quality care to our clients are reviewed, revised, and updated. Again, thank you for your continued interest in the health of women, children, and adolescents in the State of California.

Jacquelyn Ward, RN, MS, CPNP, Chief
Office of Child and Adolescent Health
Program Policy Section
Maternal and Child Health Branch

Enclosure

STANDARDS IMPLEMENTATION
(Protocols and/or Policies and Procedures)

1. The goal of the Adolescent Family Life Program (AFLP)/Adolescent Sibling Pregnancy Prevention Program (ASPPP) **Standards Implementation** document is to define how the agency will implement the AFLP/ASPPP Standards.
 - 1.1. The purpose of the **Standards Implementation** document is to describe:
 - 1.1.1. **Who** is responsible for implementation of the AFLP/ASPPP Standards.
 - 1.1.2. **What** will be done to implement the AFLP/ASPPP Standards.
 - 1.1.3. **How** the AFLP/ASPPP Standards will be implemented.
 - 1.1.4. **Where** the AFLP/ASPPP Standards will be implemented.
 - 1.1.5. **When** the AFLP/ASPPP Standards will be implemented or completed.
 - 1.1.6. **Why** the AFLP/ASPPP Standards must be implemented.
2. When reading the AFLP/ASPPP Standards, remember that each Standard gives the direction needed to accomplish the goals of the agency.
3. The **rationale** of each AFLP/ASPPP Standard is **why** this must be done.
4. The **structure** of each AFLP/ASPPP Standard is **what** must be done to accomplish the goal.
5. The **process** of each AFLP/ASPPP Standard addresses:
 - 5.1. **Who** is responsible for implementation of each AFLP/ASPPP Standard.
 - 5.2. **How** is each AFLP/ASPPP Standard implemented.
 - 5.3. **Where** is each AFLP/ASPPP Standard implemented.
6. The **outcome** of each AFLP/ASPPP Standard is **when** is each AFLP/ASPPP Standard implemented.

7. **Example:**

Standard V: Intake

The AFLP provider has a structured, interactive process to enroll clients into the program.

- Who:** The case manager or other individual designated by the agency enrolls the client into the program.
- What:** The designated staff person provides general information concerning the program to the client utilizing the agency intake form.
- When:** Determined by the agency.
- Where:** Determined by the agency.
- How:** The agency will develop the mechanism.
- Why:** A statement of the reason for the intake.

8. The **Standards Implementation** (Protocols and/or Policies and Procedures) document will be based on the following:

- 8.1. The agency's philosophy.
- 8.2. The agency's governing requirements.

Adolescent Family Life Program/Cal-Learn Comprehensive Baseline Assessment

Intake Date ____/____/____

CMC Code _____

Client I.D. # _____ Client SS# _____

Part I DEMOGRAPHICS

1. Demographics

Client Name: _____ Age: _____ DOB: ____/____/____ POB: _____

First MI Last

Address: _____ City: _____ Zip: _____

Mailing Address, if different _____ City: _____ Zip: _____

Home Phone: _____ Message Phone/Pager: _____ Sex: ☐ F ☐ M Marital Status: _____

Ethnicity: _____ Latino Origin: _____

	Client	Household
Primary Language		
English	Speak <input type="checkbox"/> N <input type="checkbox"/> Y Read <input type="checkbox"/> N <input type="checkbox"/> Y Write <input type="checkbox"/> N <input type="checkbox"/> Y	Speak <input type="checkbox"/> N <input type="checkbox"/> Y Read <input type="checkbox"/> N <input type="checkbox"/> Y Write <input type="checkbox"/> N <input type="checkbox"/> Y
Interpreter Needed	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y

Emergency Contact: _____ Relationship to Client: _____

Phone: _____ Address: _____

List below individuals who live in the home with the Client:

Name	Relationship	Age	Last Contact	Involvement

Other individuals whom the client considers a part of her/his support system:	Relationship	Age	Lives with client?	Last Contact	Involvement

Appendix B

Type of Housing _____ # of times moved within last 6 months _____ Time at this residence _____

List name and address(es) (if different from client's):

Biological Mother: _____ City _____ State _____ Zip _____

Biological Father: _____ City _____ State _____ Zip _____

Legal Guardian: _____ City _____ State _____ Zip _____

Part II

HEALTH, NUTRITION, FAMILY PLANNING

2. General Health

Medical Insurance Plan: _____ Provider: _____ First _____ Last _____

Address: _____ Phone: _____

Client's Medical History/Problems/Concerns: _____

Receiving Treatment? ☐ No ☐ Yes

Date of last physical exam: ____/____/____

Hospitalizations/ER: ☐ No ☐ Yes If yes, When and for what? _____

Immunizations Current? ☐ No ☐ Yes ☐ U/K If no, reason: _____ (Complete IZ Form)

Significant Family Medical Concerns (Past or Current): _____

Dental Insurance Plan: _____ Dentist: _____ First _____ Last _____

Address: _____ Phone: _____

Date of last dental visit: ____/____/____ Comments: _____

3. Nutrition

PREGNANT CLIENT ONLY

Pre-pregnant weight: _____ # Expected Wt. Gain: _____ # Cravings for any of the following? Cornstarch Laundry Starch
Plaster Dirt Clay Ice

Had any of the following: Nausea Vomiting Constipation Diarrhea

Feeding method planned for index child, if appropriate: Breast Formula Both Undecided

ASK ALL CLIENTS

Current Weight: _____ # Currently dieting? ☐ No ☐ Yes Past history of diets? ☐ No ☐ Yes If yes, explain: _____

Meals usually eaten: Breakfast AM Snack Lunch Snack Dinner PM Snack Other _____

Foods usually eaten each day: Meats Dairy Breads/Cereals/Grain Fruit Vegetables

Beverages usually consumed each day: Milk Fruit Juice Water Soda Sweetened drinks Wine Beer Coffee Tea

Other _____ Estimate # of 8 oz. glasses of water consumed each day: _____

WIC: ☐ Eligible ☐ Enrolled Next appointment: ____/____/____ Location of WIC services: _____

Vitamin/Mineral Supplements taken: _____ Other medications currently taking: _____

Home or cultural remedies used when ill? ☐ No ☐ Yes

Have you told your MD? ☐ No ☐ Yes

4. Family Planning Services

Past Type: _____ Success: _____

Present Type: _____ Success: _____

Feelings--Client:: _____

Partner: _____

Education: _____ Provider: _____

PART III**Pregnancy, Labor, Birth and Postpartum****5. Pregnant Client ONLY**

Feelings/Concerns/Medical problems associated with this pregnancy: _____

Current pregnancy planned: [] No [] Yes

FOB Supportive? [] No [] Yes

High-Risk Pregnancy Issues: (Circle all that apply)

Headaches Puffiness Abdominal Cramping Excessive thirst Blurred Vision Vaginal Bleeding or Discharge Excessive Tiredness

EDC (Due Date): ____/____/____

Month MD Care Began ____/____

Medical Provider: _____

Address: _____ Phone: _____

Date last seen: ____/____/____ Next appointment: ____/____/____

Problems accessing prenatal care: _____

Planned Birthing Location: _____

Client's parents' feelings about this pregnancy and their degree of involvement with the client/child:

Who will be present at the birth? _____

Prenatal Education Needs: _____

Postpartum Education/Issues: _____

6. Postpartum Health Assessment (COMPLETE IF BIRTH WITHIN THE LAST 3 MONTHS)

Delivery Date: ____/____/____ Date of first exam following birth: ____/____/____ Date of last physical exam: ____/____/____

Type of Birth: Vaginal C-Section Complications: _____

Postpartum Issues/Concerns: (Circle all that apply)

Abdominal Cramping Elimination Problems Vaginal bleeding or discharge Excessive tiredness Wt. Gain/loss

Breast Care: Engorgement Cracked Nipples Soreness

7. Pregnancy History--Ask All Clients

Total # Pregnancies _____	Live Births	Miscarriages	Other
Dates of Occurrence:			

Feelings about previous pregnancy outcomes: _____

Previous pregnancy planned: ☐ No ☐ Yes FOB Supportive? ☐ No ☐ Yes

Do you think you might be pregnant now? ☐ No ☐ Yes If yes, explain: _____

Client's parents' feelings about previous pregnancy(ies) and their degree of involvement with the client/child: _____

Part IV**EDUCATION, EMPLOYMENT, PARTNER(S)****8. Education/Vocation**

Enrolled in School ? ☐ No ☐ Yes Where: _____

Grade or Program: _____

Days Attending	Monday	Tuesday	Wednesday	Thursday	Friday
Hours Attending					

Unique Educational Needs: Speech ESL Hearing Vision Problems with reading/writing Learning disability/problem

Do you feel safe at school? ☐ No ☐ Yes ☐ Not enrolled/Not attending

Reason not enrolled or not attending: _____

How well are you doing in school? _____

Feelings about school: _____

Previous School Attended: _____ Last Grade Completed: _____

If dropped out, date: ____/____/____

Reason: _____

of credits earned toward a high school diploma: _____ or ☐ U/K

of GED tests already passed, if applicable: _____ or ☐ U/K

10. Father of Index Child

Relationship with FOB: ☐ Involved ☐ Stable ☐ Unstable ☐ Uninvolved Length of Relationship: _____

Are there safety issues with the FOB ☐ No ☐ Yes Comments: _____

Name: _____ Age: _____ Ethnicity: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Last grade in school completed: _____ Currently enrolled? ☐ No ☐ Yes Employed: ☐ No ☐ Yes

Where: _____

FOB at risk for Gang Involvement? ☐ No ☐ Yes ☐ U/K Comments: _____

Legal involvement with juvenile hall and/or adult legal history? ☐ No ☐ Yes ☐ U/K Comments: _____

FOB's Feelings/Concerns associated with this pregnancy/relationship:

FOB parents' feelings about this pregnancy and /or their degree of involvement with the client/child:

9. Employment/Job Training

Legally emancipated Minor: ☐ No ☐ Yes Date: ____/____/____ Seeking employment: ☐ No ☐ Yes

Currently Employed: ☐ No ☐ Yes Current Employer: _____

If under 16, do you have a work permit? ☐ No ☐ Yes

Current Job Training/ROP: _____

Days Working	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Worked							

Length of time on the job: _____ Previous Employer/Experience/Training: _____

11. Current Partner, If Different From Father of Index Child

Relationship with current partner: ☐ Involved ☐ Stable ☐ Unstable ☐ Uninvolved Length of Relationship: _____

Are there safety issues with the current partner? ☐ No ☐ Yes Comments: _____

Name: _____ Age: _____ Ethnicity: _____ Phone: _____

Appendix B

Address: _____ City: _____ State: _____ Zip: _____

Last grade in school completed: _____ Currently enrolled? ☐ No ☐ Yes Employed: ☐ No ☐ Yes Where: _____

At risk for Gang Involvement? ☐ No ☐ Yes ☐ U/K Comments: _____

Legal involvement with juvenile hall or adult legal history? ☐ No ☐ Yes ☐ U/K Comments: _____

Current partner's Feelings/Concerns associated with this pregnancy/relationship:

PART V

BASIC NEEDS, FINANCIAL, LEGAL, MENTAL HEALTH, DRUG HISTORY

12. Basic Needs

Item	Adequate	Intermittent	Inadequate
Food			
Cooking Facilities			
Refrigeration			
Water			
Heat			
Electricity			
Housing			
Transportation			
Other: _____			

13. Financial

Support	No	Yes	Needed	Comments
AFDC (Payee)				EW Name/Code--
AFDC (Nested)				Payee's Name--
Court/County Supported				
Social Security/SSI				
MediCal for Self				
MediCal for Baby Only				
Other				
Child Support Payments				
Food Stamps				
General Financial Support				

14. Drug and Alcohol History

Drug	Age of first use	Last Use	Current Use (w/in last month)	Amount	Comments
Alcohol					
Marijuana					
Cocaine Crack					
Meth (crank)					
Hallucinogens					
Tranquilizers					
Inhalants					
Prescription /OTC					
Tobacco/2nd hand exposure?[] N [] Y					
Other					

Treatment History: [] No [] Yes Dates: _____

In what situations do you use drugs/alcohol? _____

If pregnant, have you used drugs/alcohol/tobacco during this pregnancy? [] No [] Yes When? _____

Does/did current partner use drugs or alcohol? [] No [] Yes What? _____

Does/did anyone in your family use drugs or alcohol? [] No [] Yes Who? _____ What? _____

How much/how frequently? _____

Have any of your family members, FOB, or current partner ever been in treatment for drug/alcohol abuse? [] No [] Yes

Who? _____ Treatment dates: _____

Comments: _____

15. History of Legal Involvement

Is client on probation? ☐ No ☐ Yes Probation Officer's Name _____

Summary: _____

16. Mental Health History

Counseling: ☐ No ☐ Yes Dates: _____

Suicide Attempts/Ideation: ☐ No ☐ Yes Dates: _____

Contract with Case Manager not to Harm Self: ☐ No ☐ Yes Comment: _____

Psychiatric Treatment: ☐ No ☐ Yes Dates: _____

Inpatient Treatment: ☐ No ☐ Yes Dates: _____

Diagnosis: _____

Physician: _____

Outpatient Treatment: ☐ No ☐ Yes Dates: _____

Psychiatrist/Therapist: _____

Comments: _____

Part V Safety/Violence/Abuse

17. Environment

Do you feel safe in your neighborhood? ☐ No ☐ Yes If no, why? _____

Do you feel safe in your home? ☐ No ☐ Yes If no, why? _____

Do you feel safe with your family? ☐ No ☐ Yes If no, why? _____

Have you ever runaway? ☐ No ☐ Yes If yes, why? _____

Have you ever been homeless? ☐ No ☐ Yes When and why? _____

18. Gang Involvement/ Dating Violence

Are you a member of a gang? ☐ No ☐ Yes If yes, which one? _____

Is anyone in your family a member of a gang? ☐ No ☐ Yes If yes, who? _____

Have you ever been hurt by an intimate partner? ☐ No ☐ Yes If yes, when and what happened? _____

Was medical treatment required or received? ☐ No ☐ Yes

Other intervention required or received? ☐ No ☐ Yes

Was law enforcement involved? ☐ No ☐ Yes

Have **YOU ever hurt** your intimate partner, a member of your family or any other person? ☐ No ☐ Yes

Was medical treatment required or received? ☐ No ☐ Yes

Other intervention required or received? ☐ No ☐ Yes

Was law enforcement involved? ☐ No ☐ Yes

19. Abuse

Have you ever experienced any of the following: _____ Reported to CPS/Law enforcement?

Physical Abuse: ☐ No ☐ Yes Date(s): _____ ☐ No ☐ Yes

By Whom: _____

Sexual Abuse: ☐ No ☐ Yes Date(s): _____ ☐ No ☐ Yes

By Whom: _____

Emotional Abuse: ☐ No ☐ Yes Date(s): _____ ☐ No ☐ Yes

By Whom: _____

Abusive Relationships: ☐ No ☐ Yes Date(s): _____ ☐ No ☐ Yes

By Whom: _____

Age Disparity between FOB/Current Partner and Client: _____ (Number of years)

Mandated Report Required? ☐ No ☐ Yes

FY 02/03

Part VII Index Child

20. Basic Data

Full Name	DOB	Sex	Birth Wt.	Birth Length	Current Wt	Current Height	Birth Site

Caregiver(s) other than client: _____

21. Health

Medical Insurance Plan: _____ Pediatrician: _____

Address: _____ First Phone: _____ Last

Last provider visit: ____/____/____ Well or Sick Next Visit: ____/____/____ Hospitalizations/ER: _____

Current Medical Problems: _____

Current Medications: _____ Immunizations Current? ☐ No ☐ Yes ☐ U/K If no,

Reason: _____ (Complete IZ form)

Significant Past Illnesses: _____ Congenital Defects: _____

22. Nutrition

If breast feeding, frequency _____ How long do you plan to breastfeed: _____

Problems breastfeeding: _____

If formula feeding, type: _____ Amount: _____ Frequency: _____

Vitamins: ☐ No ☐ Yes Fluoride: ☐ No ☐ Yes

Other food intake, circle all that apply: Breads/Cereal Meat Dairy Fruit Vegetables Other: _____

WIC: ☐ Eligible ☐ Enrolled Next appointment: ____/____/____ Location of WIC services: _____

Feeding Problems: _____

Elimination Problems: _____

23. Developmental Screening

Age	Milestone	Observed to be in Normal Limits	Referral Needed
2 months	smiles responsively		<input type="checkbox"/> No <input type="checkbox"/> Yes
6 months	rolls over and reaches for a toy		<input type="checkbox"/> No <input type="checkbox"/> Yes
9 months	feeds self finger food, stands holding on, sits with no support		<input type="checkbox"/> No <input type="checkbox"/> Yes
12 months	plays patty cake, mama-dada non-specific, pulls to stand		<input type="checkbox"/> No <input type="checkbox"/> Yes
15 months	stands alone, mama/dada specific, waves bye-bye		<input type="checkbox"/> No <input type="checkbox"/> Yes
18 months	drinks from cup, two word vocabulary, walks well		<input type="checkbox"/> No <input type="checkbox"/> Yes
24 months	kicks a ball, walks up steps, 6-word vocabulary		<input type="checkbox"/> No <input type="checkbox"/> Yes
36 months	puts on and takes off some clothing, identifies some body parts, jumps up and down		<input type="checkbox"/> No <input type="checkbox"/> Yes

24. Parenting Education

Do you have a car seat for your child(ren): ☐ No ☐ Yes Do you know how to use it? _____

Education/Classes you have taken:

CPR: ☐ No ☐ Yes When: _____ Where: _____

Baby Care ☐ No ☐ Yes When: _____ Where: _____

Parenting ☐ No ☐ Yes When: _____ Where: _____

Toys/Equipment Safety ☐ No ☐ Yes When: _____ Where: _____

Child care needs: _____

How do you play with your baby? _____

How do you comfort your baby? _____

What do you do when your child does something wrong? _____

25. Client's Other Biological Child(ren)

Full Name	DOB	Sex	Birth Wt.	Other Biological Parent	Legal Custodial Parent	Adopted Y/N	Foster Care Y/N

What is/will be the best thing about being a teen parent?_____

What is/will be the hardest thing about being a teen parent?

**PART VIII
GOALS /SELF-ASSESSMENT**

26. Goals and Self-Assessment

	Personal Goals	Educational Goals	Strengths
Client	1. 2. 3.	1. 2. 3.	1. 2. 3.
Case Manager Impressions	Client Strengths: _____ _____ _____ _____	Communication Skills: _____ _____ _____ _____	Receptiveness to Services: _____ _____ _____ _____

**ADOLESCENT FAMILY LIFE PROGRAM/CAL-LEARN
COMPREHENSIVE ASSESSMENT
(Directions for Use)**

Many of the responses require a simple check mark in the spaces provided. Others may simply be circled. Items needing additional explanation have the spaces provided. The form is designed to get the most information as quickly and concisely as possible.

At the top of the page, record the following:

- a. Intake Date**
- b. Case Management Counselor (CMC) code**
- c. Client Identification number**
- d. Client's Social Security number**

PART I

1. Demographics

- Record the client's full name, age, date and place of birth.
- Record the client's living address and mailing address, if different.
- Include the client's phone number, beeper number or the message phone number if applicable.
- Check sex and marital status.
- Record the client's ethnic background and if the client is of Latino origin.
- Record the primary language of the client and household, whether or not they can read and write the primary language and English. Note if an interpreter is needed either by the client or by the household.
- Record who to contact in case of emergency, the relationship, address and phone number.
- List the individuals who live in the home with the client. Include the full name, relationship, and age of individuals. Indicate when the last contact occurred, whether the contact was by phone or in person and the involvement with the client.
- List other individual's whom the client considers a part of her/his support system, the relationship, age, whether or not the individual resides with the client, the last contact with the client and the nature of the involvement (how extensive).
- Describe the kind of housing (house, apartment, etc.), number of times the client has moved in the last six months and length of time at current residence.
- List the name of the client's biological mother and father and the legal guardian. Include the address if different from client.

PART II

2. General Health

- Record the insurance plan, name of the health care provider and her/his address and phone number.
- Briefly describe the client's medical history, problems and concerns.
- Record the date of the last physical examination and whether or not the client is currently receiving treatment.
- Note hospitalizations and/or emergency room visits. Indicate the approximate date and the reason for the contact.
- Are the immunizations current? If no, state the reason, such as no access, etc. **Complete the attached immunization forms.**

- Record the significant family medical concerns (past or current). This may include family history of diabetes or other special family health concerns.
- Record the dental insurance plan, the dentist's first and last name, address, phone number, date of the last dental visit and any comments relative to the client's dental health.

3. Nutrition

Pregnant Clients Only

- Record the clients pre-pregnant weight and the amount of the expected weight gain throughout the pregnancy.
- Note and record any cravings for substances such as dirt, clay, or ice.
- Circle any problems with nausea, vomiting, constipation, hemorrhoids, or diarrhea.
- Circle the planned feeding method for the index child if appropriate.

All Clients

- Record the current weight, whether or not the client is currently dieting, and the past history of diets. If the client answers yes to these questions, briefly explain.
- Circle the meals usually eaten. Describe anything significant such as fasting, purging, etc. Describe food sources such as "fast food".
- Circle the food groups and beverages consumed during the 24 hour period. Ask the client to estimate the # of 8 ounce glasses of water consumed. Note any unusual food or beverage consumption described by the client.
- Check whether the client is eligible or enrolled in the Women, Infants and Children (WIC) Program. Indicate the next appointment and the location of the WIC services.
- Record any vitamin, mineral supplements or medications currently being taken.
- Check the use of home or cultural remedies used when ill and whether or not the health care provider has been made aware of such use.

4. Family Planning Services

- Record family planning methods used in the past as well as the current method. Note the success of the methods selected, the attitudes and feelings of both the client and her/his partner.
- Describe the educational needs relative to family planning.
- List the provider of family planning.

PART III

PREGNANCY, LABOR, BIRTH AND POSTPARTUM

5. Pregnant Client Only

- Describe the client's feelings, concerns, medical problems associated with this pregnancy.
- Check boxes stating whether or not this pregnancy was planned and if the father of this pregnancy is supportive.
- Circle the high-risk pregnancy issues that apply.
- State the expected date of birth and the date that prenatal care began.
- Give the name, address and phone number of the medical provider.
- State the date last seen and when the next appointment is due.
- Describe problems accessing prenatal care such as transportation, lack of funds, difficulty finding a provider, etc.
- Ask the client where she intends to give birth. Which hospital has she chosen?
- Ask the client who she would like to be with her when the baby is born. (Mother, Father of the baby (FOB), friend, case manager, etc.)
- Describe the client's perceptions of prenatal and postpartum education needs and issues.

6. Postpartum Health Assessment Non-pregnant Client Only
(COMPLETE IF BIRTH WITHIN THE LAST 3 MONTHS)

- Record the date of birth, date of first examination following birth, and the date of the client's last physical examination.
- Circle the type of birth and note any complications such as bleeding, etc.
- Circle all postpartum issues that apply.
- Circle any/all concerns regarding the client's breasts.

7. Pregnancy History-Ask of all Clients

- State the total number of pregnancies. Note the live births, miscarriages, and/or stillbirths, etc. List the dates of the occurrences.
- Describe any feelings the client may have about the previous pregnancy outcomes such as unresolved grief, guilt, anger, etc.
- Check whether previous pregnancy was planned or not and the supportiveness or lack of support from the father of the baby.
- Ask the client if she thinks she might be pregnant at this time. If reply is positive, gather more information.
- Explore with the client her parents' feelings about the previous pregnancies and their degree of involvement with her.

PART IV

8. Education/Vocation

- Check if client is currently enrolled in school, note where and which grade or program.
- Note days and hours attending.
- Circle unique educational needs. Include all that apply.
- Check whether or not the client feels safe at school. Note if not attending and record the reason.
- Record the client's perceptions of how she/he is doing in school and any particular feelings about the school experience.
- Record the previous school attended, the last grade attended, the drop out date, if applicable and the reason the client elected to drop out.
- If possible, record the number of credits earned toward a high school diploma and/or the number of General Educational Development (GED) tests already passed.

9. Employment/Job Training

- Is the client a legally emancipated minor. If yes, record the date.
- Check if the client is seeking employment or is currently employed.
- Note the current employer.
- If the client is under 16 yrs., check whether she/he has a work permit.
- Describe any current job training or participation in a Regional Occupation Program (ROP).
- Record the days and hours worked and how long the client has been employed.
- Describe any previous employment, experience, or job training.

10. Father of Index Child

- Check the client's relationship with the father of the index child/baby (FOB). Note the length of the relationship.
- Check if client feels safe with FOB and record any comments about this issue.
- Record the FOB's name, address, age, ethnicity, phone number.
- If possible, record the last grade in school completed and whether or not he is currently enrolled. Check if he is employed and where.
- Is the FOB at risk for gang involvement? Record any comments that may apply.
- Has the FOB had any involvement with the juvenile and/or adult legal system? Record any comments or statements that may apply in the spaces provided.
- Record the client's perceptions of the feelings or concerns associated with this pregnancy or relationship.
- Record the FOB's parent's feelings about this pregnancy and/or their degree of involvement with the client. Note the client's perception in this area.

11. Current Partner, If Different from Father of Index Child

- Check the client's relationship with this individual and record the length of the relationship.
- Does the client feel safe with this person? Check yes or no and record any comments.
- Record this partner's name, address, phone number, age, and ethnicity.
- State the last grade completed in school. Check current school status. Check if the current partner is employed and state where he/she works.
- Is the current partner at risk for gang involvement. Record any comments in the spaces provided.
- Has this partner had any involvement with the juvenile and/or adult legal system? Record any comments the client may make in the spaces provided.
- Describe this partner's feelings and concerns associated with this pregnancy and relationship.

**PART V
PSYCHOSOCIAL**

12. Basic Needs

- Describe the food, shelter, and transportation in the spaces provided. Note whether or not these are adequate.

13. Financial

- In the spaces provided, write how the client is financially supported and any comments. Include the source of the support, the eligibility worker's name and code and the payee's name.

14. Drug and Alcohol History

- Write the age when the client **first** used drugs or alcohol. Indicate when client's last use was, how much, and current use. Provide any comments concerning drug and alcohol use in the spaces provided. Include tobacco use and exposure to second hand smoke.
- Check the space if treatment has been received for drug or alcohol use and the dates of treatment.

- Ask the client to describe the situations in which substances are used such as at parties, when under stress, to lose weight, etc.
- If the client is pregnant, ask if she has used drugs during this pregnancy. If yes, ask when and the amounts.
- Does the current partner use drugs or alcohol? How much, what, and when?
- What is the treatment history of the FOB, current partner, or family members and when did this occur? Write any appropriate comments in the spaces provided.

15. History of Legal Involvement

- State if she/he is currently on probation. Write the name of probation officer in space provided. Briefly summarize the client's past and current legal involvement.

16. Mental Health History

- Check the appropriate space for counseling or psychotherapy. Indicate the dates this was received and note if client is currently in counseling.
- Check past suicide attempts and suicidal ideation. Note the dates. Is the client currently suicidal? Will she/he contract with the case manager not to harm self?

- Check the appropriate space for psychiatric inpatient and outpatient treatment. This includes day treatment, etc. Write the name of the client's physician (psychiatrist) and/ or therapist in the space provided. Any comments relative to mental health history in space provided.

PART VI

SAFETY-VIOLENCE-ABUSE

17. Environmental Safety

- Check the spaces provided concerning the client's feelings of safety in the neighborhood, home or with the family. If the client does not feel safe in the environment, record the reason if possible.
- Check if the client has either been a runaway or homeless. Again, try to ascertain why and record the reason stated.

18. Gang Involvement and Dating Violence

- The first part of this section attempts to gain knowledge of the client's and the client's family's involvement with gangs. Check the appropriate box and record which gang and which family member(s) belong.
- Has the client been hurt by an intimate partner? Was treatment necessary, counseling or other intervention required and was law enforcement notified? Check the appropriate boxes and explain the incidents if possible.
- This question refers to the client's violent behavior **towards** others. Check the appropriate boxes and record the explanation if possible.

19. Abuse

- This section refers to abuse suffered by the client. Check the appropriate boxes, record the dates of the incidents, state who was the abuser and whether or not CPS or law enforcement was notified and/or involved.
- Note age disparity between the FOB or current partner and the client. Record the number of years in the space provided. Check if mandated reporting is required.
- Record any comments relative to abusive situations in this section such as client comments, appropriate interventions, reporting, counseling received, etc.

PART VII

INDEX CHILD

20. Basic Data

- Record the basic information in the spaces provided. Be sure to include the current weight and height.
- Record the name of the care giver(s) other than client, such as the grandmother, father, etc.

21. Health of Index Child

- Record the medical insurance plan, the pediatrician's name, address, and phone number in the spaces provided.
- Note when last seen by the provider, whether it was a well or sick baby visit, the next appointment date and hospitalization **and/or** Emergency Room visits.
- In the spaces provided, record current medical problems such as recurrent ear infections, and current medications if appropriate.
- Check the appropriate box stating whether or not the immunizations are current. State the reason immunizations are not current. **Complete the attached immunization form.**
- Note any significant past illnesses such as severe diarrhea, projectile vomiting, etc., and/or congenital defects in the spaces provided.

22. Nutrition of Index Child

- If the infant is being breast fed record the frequency and how long the child will be breast fed.
- Record any problems with breastfeeding such as resistance, lack of satiation, etc.
- If the child is on formula, record the kind, amount taken at the feedings, and how often the child is fed.
- In the appropriate boxes, check whether not the infant is on vitamins and/or fluoride.
- Circle all the foods that apply. Include unusual food sources.
- Check if the child is eligible or enrolled in WIC. Record the date of the next WIC appointment and the location of the services.
- Record any feeding problems the child may have such as medical problems causing feeding difficulties, food allergies, the need for weaning, the risk for bottle mouth or the failure to thrive.
- Record any elimination problems such as constipation, loose stools, or discomfort with expelling stool or urine.

23. Developmental Screening

- In the spaces provided record observations of the developmental milestones and check the appropriate box if referral is needed.
- These milestones may be observed by the person completing the assessment or reported by the mother/care giver.

24. Parenting Education

- Check if the child(ren) has a car seat. Record whether or not the mother/care giver knows the correct use.
- Check any parent education classes taken by the parent. Note when, where and if an update is needed.
- Record the stated childcare needs. Record any barriers to care.
- Ask the parent how she/he plays, comforts, or corrects the baby.
- In the spaces provided, record the information requested on the client's other biological child(ren).
- Ask the client what's the best thing or nicest thing about being a teen parent and what is the most difficult. Record the answers in the spaces provided.

PART VIII

25. Client Goals and Self-Assessment

- In the spaces provided, record the client's personal and educational goals. Try to be specific in this area. An appropriate question might be "Where would you like to be in five or ten years?"
- Ask the client to assess her/his own strengths. For example, "What do you think you are really good at doing?"

26. Impressions of the Case Management Counselor

- Record your impressions of the client's strengths, communication ability, how receptive the client is to the services available, the rapport established with the case manager, and any other significant observations that may be useful in working with this client.

ADOLESCENT SIBLING PREGNANCY PREVENTION PROGRAM
COMPREHENSIVE BASELINE ASSESSMENT

Intake Date ____/____/____

CMC Code _____

SS# ____-____-____

Client ID #: _____

Sibling of: _____

AFLP ☐Cal Learn ☐

I. DEMOGRAPHICS

1. CLIENT DATA

Name (First, Middle, Last) _____

Age ____ DOB ____/____/____

Sex: **M** **F**Ever married: **Y** **N**

Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Phone (____) ____-____

Message Phone/Pager (____) ____-____

Client's Ethnicity (self-identified) _____

Minors

List name and address(es) (if different from client's)

Biological Mother: Name _____ Work # _____ Home # _____

Address _____ City _____ State _____ Zip _____

Biological Father: Name _____ Work # _____ Home # _____

Address _____ City _____ State _____ Zip _____

Legal Guardian: Name _____ Work # _____ Home # _____

Address _____ City _____ State _____ Zip _____

Relationship to Client: _____

Emergency Contact: _____ Relationship to client: _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Household:

List below individuals who live in the home with the client:

Name	Relationship	Age	Last Contact	Involvement

Language:

	Client	Household
Primary Language(s)		
Language(s) spoken at home		
English Proficiency	Speak Y N Read Y N Write Y N	Speak Y N Read Y N Write Y N
Interpreter Needed	Y N	Y N

2. BASIC NEEDS

Client's financial source(s) of support _____

If client is on Cal Works (AFDC), name of payee _____ Case # _____

Housing Type _____ # of times moved within last 6 mos. _____ Time at this residence _____

Does client ever run out of basic needs (food, rent, utilities) Y N If yes, what does s/he do?

Transportation: ☐Public ☐Own Car ☐Parent ☐Other _____ Adequate: Y N Explain: _____

☐Valid Driver's License # _____ ☐California I.D. # _____

Who does the cooking? _____

What is the client's sleeping arrangement? _____

How safe does client feel in the home and where s/he lives? _____

Comments _____

II. PSYCHOSOCIAL**1. ASSESSMENT OF RELATIONSHIPS****Parent(s) / Guardian (s):**

Who is raising the client? _____

What is the current relationship with the person who is raising the client? _____

Parent's relationship with client (If different)? _____

P/G's relationship with sibling(s)? _____

P/G's response to sibling's pregnancy? _____

P/G's response to sibling's child(ren)? _____

2. SUPPORT SYSTEMS AND USE OF TIME

Who are the significant people in the client's life? _____

Who helps the client and how? _____

Does client have a best friend or group of friends? **Y** **N** If yes, list first name(s) and age(s) ____

What kinds of things do they do together? _____

How does client spend most of her/his time after school? _____

How does client spend most of her/his time in the evening? _____

How does client spend most of her/his time on the weekend? _____

What are the client's favorite activities? _____

Is the client involved in any volunteer work? **Y** **N** If yes, what does s/he do? _____

Does client like to read? ☐ Yes What about? _____

☐ No Why not? _____

What does the client read? ☐ Newspapers ☐ Magazines ☐ Books

☐ School Work ☐ Pamphlets ☐ Others: _____

How often? ☐ Daily ☐ More than once a week ☐ Once a week ☐ Seldom

Does the client feel OR has the client ever been told s/he has a problem with:

☐ Reading ☐ Yes ☐ No When; by whom: _____

☐ Hearing ☐ Yes ☐ No When; by whom: _____

☐ Vision ☐ Yes ☐ No When; by whom: _____

Does the client watch TV? **Y N** How much and what? _____

Does the client listen to music? **Y N** Favorite group and types of music? _____

Does the client play video games? **Y N** How often? _____

3. CLIENT'S ROLE IN FAMILY AND PERCEPTION OF TEENAGE PARENTING

"What is it like in your home since your sister/brother had a baby?" _____

"What are things like for you since your sister/brother had a baby?" _____

"How much time do you spend with your sister's/brother's baby and how do you feel about it?" _____

"What do you do when you spend time with the baby? How do you feel about it?" _____

"What does being a parent mean to you?" _____

"Do any of your friends have children now?" _____

"How would you feel if you got pregnant (or got someone pregnant)?" _____

“Do you want to be a parent someday? **Y** **N** If yes, then how old do you want to be when you have your first child?” _____ Why? _____

4. BOYFRIEND/GIRLFRIEND

“Are you currently in a romantic relationship?” **Y** **N** If no, then go to next section _____

“How long have you been together romantically?” _____

“Do you spend time alone together?” **Y** **N** “If yes, what do you do?” _____

“What kinds of things do you do together?” _____

“What do you like most about being in this romantic relationship?” _____

“What do you like least about being in this romantic relationship?” _____

“Does he/she ever physically, sexually, or verbally hurt you?” **Y** **N** If yes, how? _____

“Do you know where to get help?” **Y** **N** Where: _____

III. SEXUALITY

1. SEXUAL ACTIVITY & FAMILY PLANNING

What are the client’s thoughts, feelings, and expectations of sexual activity, including ‘doing it’?_

Has the client ever been sexually active? Explain _____

How old was the client the first time? _____

Is the client sexually active now? _____

If client has had or is having any sexual activity:

During the past month, how many times was client sexually active? _____

How typical is that? _____

Did client have more than one partner in the last month? _____

How typical is that? _____

Does the client ever feel pressured to be sexual when s/he doesn't want to? _____

MALE CLIENTS ONLY:

Is someone pressuring the client to get someone pregnant? **Y** **N** If yes, who? _____

Has the client ever wanted to get someone pregnant? **Y** **N** If yes, explain _____

Has the client ever gotten someone pregnant? **Y** **N** **Not Sure** If yes or not sure, explain _____

FEMALE CLIENTS ONLY:

Has the client started menstruating? **Y** **N** If no, go to next section, if yes, age at onset _____

Are the client's menstrual cycles regular? **Y** **N**

Has client ever been pregnant? **Y** **N** **Not sure** If yes, how many times _____

Is someone pressuring the client to get/be pregnant? **Y** **N** If yes, who? _____

Is client using birth control? **Y** **N** If yes, continue. If no and **not** sexually active, go to next section. If no, and sexually active, explain why _____

Present: Type(s) _____

Consistency _____ Success _____

Past: Type(s) _____

Consistency _____ Success _____

Feelings about birth control _____

Are you comfortable with your current method? _____

Partner's Feelings _____

Provider _____

Sexual Activity/Birth Control Comments _____

IV. EDUCATION • EMPLOYMENT • LEGAL**1. EDUCATION**

School _____ Type/Program _____

Grade _____ Attendance _____ ☐ Regular ☐ Irregular

Expected date of graduation ____/____/____

If dropped out, date ____/____/____ ☐ Grammar ☐ Middle ☐ High School

Reason for not attending school _____

Reentry Assistance: **Y** **N** Explain _____Curriculum Counseling/Advocacy Needs **Y** **N** Explain _____

Please finish this sentence: "To me, finishing school would mean . . ." _____

What does client like most and least about school? _____

What has been client's experience with school? _____

Favorite school staff person _____

School(s) attended in the last 4 years _____

Special needs (check all that apply): ☐ Speech ☐ ESL ☐ Hearing ☐ Vision☐ Problems regarding reading/writing ☐ Learning disability/problem ☐ Other

Does client need assistance in locating an education program? _____

Do the client's parents/family encourage him/her to go to school? How? _____

Who is home after school? _____

Career goals: Short Term _____ Long Term _____

Comments _____

2. CAREER/EMPLOYMENT

Short-term career/education interests _____

Is client looking for work: **Y** **N** If under 16, does client have work permit: **Y** **N**

Has the client ever been interviewed for a job? **Y** **N** Explain _____

What kind of career training/education would the client be interested in receiving? _____

Has client ever been employed? **Y** **N** Is client currently employed? **Y** **N**

Long-term career interests; any idea of what client would like to do in the future _____

Does anyone in the client's home talk with him/her about careers? _____

If currently employed, complete the following

Employer _____ Job _____

Start Date ____/____/____ Work Schedule _____

Comments _____

3. LEGAL

Has the client ever had any trouble with the law? **Y** **N** If yes, explain _____

Has client been on probation? **Y** **N** If yes, explain _____

If yes, name of Probation Officer _____

Has anyone in client's family/household been in trouble with the law? **Y** **N** If yes, explain ____

Has client or family ever been involved with Child Protective Services (CPS) / Family Court?

Y **N** If yes, explain _____

Comments _____

V. HEALTH**1. GENERAL HEALTH**

Client's medical history _____

Disabilities _____

Does client have or is client being treated for any long-term illness? **Y** **N** If yes, explain _____

Hospitalizations **Y** **N** If yes, explain _____

Has client received treatment in ER? **Y** **N** If yes, explain _____

Family History _____

Immunizations current? **Y** **N** **Unknown** If no, reason _____

Medical insurance _____

Doctor _____ Frequency of visits/Last visit _____

Reason _____

Average no. of hours client sleeps per night _____

Does client think physical activity is important? **Y** **N** Why / Why not? _____

Does client participate in regular physical activity? **Y** **N** If yes, what kind & how often? _____

Does client take vitamin/mineral supplements? _____

Does client take medication? **Y** **N** If yes, explain _____

Does medical provider know? _____

How often does client get sick? _____ With what? _____

What medication does client take when sick? _____

Does client take home or cultural remedies when ill? **Y** **N** What? _____

Has client told his/her doctor? **Y** **N** _____

Dental insurance _____

Dentist _____ Frequency of visits/Last visit _____

2. NUTRITION

Client's Current: Height _____ Weight _____

History (24-hour recall) _____

Was this typical? **Y** **N** If not, what is a typical 24-hour diet? _____

Is client on a special diet? Explain _____

Currently dieting? **Y** **N** Past history of diets? **Y** **N** If yes, explain _____

Does the client ever make her/himself throw up after eating? **Y** **N** If yes, explain _____

Meals usually eaten: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ Snack ☐ Dinner ☐ PM

Snack ☐ Other: _____

Foods usually eaten each day: ☐ Meats ☐ Dairy ☐ Breads/Cereals/Grains

☐ Prepared Diet Drinks ☐ Fruit ☐ Vegetables

Beverages usually consumed each day: ☐ Milk ☐ Fruit Juice ☐ Water ☐ Soda

☐ Sweetened drinks ☐ Wine ☐ Beer ☐ Coffee ☐ Tea ☐ Other: _____

How often does client eat junk food? _____ What? How much? _____

General Health/Nutrition Comments _____

3. SEXUALLY TRANSMITTED INFECTIONS (STIS)

What does client know about STIs (genital herpes, syphilis, genital warts, gonorrhea, chlamydia, etc)? _____

Where did s/he get most of the information about STIs? _____

Does client know how to go about getting tested for HIV/AIDS or other STIs? **Y** **N** _____

Would client like to know how to get tested? **Y** **N** _____

Has client ever had STI(s)? **Y** **N** **Not sure** If yes, has the client received treatment? **Y** **N**

Comments _____

4. SUBSTANCE ABUSE

Drug	Age of first use	Last use	Current use (w/in last month)	Amount	Comments
Alcohol					
Marijuana					
Cocaine, Crack					
Meth (Crank)					
Tranquilizers					
Heroin					
Inhalants					
Prescription / Over the Counter					
Tobacco (smokeless/chew/dip)					
IV Drug Use					
Other					

Has the client been exposed to second-hand smoke? **Y** **N** _____

Do the client's friends use drugs? If yes, type(s) _____

Please complete this sentence: "The scariest drug experience in my life was . . ." _____

5. MENTAL HEALTH

Has client ever received counseling? **Y** **N** If yes, explain _____

What was one of the client's best times of his/her life? _____

What was one of the client's worst times in his/her life? _____

Client's description of self _____

What does client do when s/he has a problem? _____

Has client ever had any difficulty sleeping or sleeping too much? _____

What are some reasons why you may have difficulty with sleep? _____

Has client ever had a loss of appetite or eating excessively? **Y** **N** If yes, explain _____

Does client ever feel lonely? **Y** **N** Why/when? _____

Has client ever thought it might be better if he/she weren't around? **Y** **N** Why? _____

Has client ever felt like hurting her/himself (cutting, hitting, biting, killing)? **Y** **N** If yes, describe/explain ____

Has client ever put her/himself in a position where someone would/could hurt her/him? **Y** **N** If yes, describe/explain _____

Has client ever felt like physically hurting someone else? **Y** **N** If yes, describe/explain _____

How did client handle that? _____

Mental Health Comments: _____

6. SAFETY / ABUSE / HIGH RISK BEHAVIOR

Environment: How safe does client feel with boyfriend/girlfriend, with family, in neighborhood, at school? ____

Has client ever run away? **Y** **N** If yes, explain _____

Has client ever been homeless? **Y** **N** If yes, explain _____

Does client “claim”? **Y** **N** If yes, explain _____

Does anyone in client’s family “claim”? **Y** **N** If yes, explain _____

Do any of your previous boyfriends/girlfriends “claim”? **Y** **N** If yes, explain _____

Does current boyfriend/girlfriend “claim”? **Y** **N** If yes, explain _____

Do any of client’s friends “claim”? **Y** **N** If yes, explain _____

Has client ever experienced any of the following:

Physical Abuse: **Y** **N** If yes, when/what happened? _____

By whom _____

Did client tell anyone? **Y** **N** Who? _____

Reported to CPS / Family Court / Law Enforcement: **Y** **N** If yes, when, explain _____

Emotional Abuse: **Y** **N** If yes, when/what happened? _____

By whom _____

Did client tell anyone? **Y** **N** Who? _____

Reported to CPS / Family Court / Law Enforcement: **Y** **N** If yes, explain (list dates) _____

Sexual Abuse: **Y** **N** If yes, when/what happened? _____

By whom _____

Did client tell anyone? **Y** **N** Who? _____

Reported to CPS / Family Court / Law Enforcement: **Y** **N** If yes, explain (list dates) _____

Did client ever hurt an intimate boyfriend/girlfriend, a member of her/his family, or anyone else? **Y** **N** If yes, when/what happened? _____

Whom did client hurt? _____

Was medical help required or received? **Y** **N**

Was law enforcement involved? **Y** **N**

Other intervention required or received? **Y** **N** If yes, what? _____

Has client ever traded sex for money, drugs, food, or a place to stay? **Y** **N** If yes, explain ____

Comments _____

Signature of Case Manager _____ **Completion Date** _____

IV. PARENT(S) / GUARDIAN(S) SECTION*(Gather this information from the parent or guardian if they are available)*

Lodestar # _____

Is this family:

☐ Single parent/ guardian☐ Two parents/guardians☐ More than two adults in home acting as 'parents'**1. QUESTIONS CONCERNING THE CLIENT**

Hopes and expectations for (the client) _____

What is relationship like with (the client)? _____

2. GENERAL FAMILY ISSUES AND RELATIONSHIPS

How do you feel about being a parent? _____

What is it like parenting a teen parent? _____

How have things changed since teen(s) had a baby? _____

How would parent feel if the other child(ren) also becomes (became) a teen parent? _____

Ask parent to complete following sentences:

"I talk to my child(ren) about _____

"

"I am the happiest when my child(ren) _____

"

"It disappoints me when my child(ren) _____

Kinds of things parent does with her/his child(ren) _____

Does parent attend school meetings/activities? **Y** **N** If no, why not? _____

Does parent have a support system/someone to turn to when s/he needs help? **Y** **N** If so, who? _____

Two-Parent Family:

Who disciplines the children? _____

Single-Parent Family:

What role does the other parent have with the children? _____

Is this parent happy with the level of involvement of the other parent? _____

What is the role of the custodial parent in the client's life? _____

Comments _____

ADOLESCENT SIBLING PREGNANCY PREVENTION PROGRAM COMPREHENSIVE ASSESSMENT

(Directions for Use)

Many of the responses require a simple check mark in the spaces provided. Others may simply be circled. Items needing additional explanation have the spaces provided. The form is designed to get the most information as quickly and concisely as possible.

At the top of the page, record the following:

- Intake Date
- Case Management Counselor (CMC) code
- Client Identification number
- Client's Social Security number
- Identification number and first name of AFLP or Cal-Learn client that makes the Sibling eligible

I. Demographics

1. Client Data

- Record the client's full name, age, date of birth, sex and marital status.
- Record the client's living address and mailing address, if different.
- Include the client's phone number, beeper number or the message phone number if applicable.
- Record the client's ethnic background and if the client is of Latino origin.
- List the name of the client's biological mother and father and the legal guardian if different. Include the address and phone number if different from client.
- Record who to contact in case of emergency, the relationship, address and phone number.
- List the individuals who live in the home with the client. Include the full name, relationship, and age of individual(s). Indicate when the last contact occurred, whether the contact was by phone or in person and involvement with the client.
- Record the primary language of the client and household, whether or not they can read and write the primary language and English. Note if an interpreter is needed either by the client or by the household.

2. Basic Needs

- In the spaces provided, write how the client is financially supported and any comments. Include the source of the support, the eligibility worker's name and code and the payee's name.
- Describe the kind of housing (house, apartment, etc.) Number of times the client has moved in the last six months and length of time at current residence.
- Does client run out of basic needs? If yes, what does he/she do?

2. Basic Needs (continued)

- Describe transportation type, identify if adequate and explain.
- Check if Valid Drivers license or California Identification and give number.
- Identify who prepares client's meals, i.e. self, parent.
- Describe the sleeping arrangements within the home for the client i.e. share a bed and/or a room, on the sofa etc.
- Provide information about client's feelings of safety at home AND in the neighborhood.

II. Psychosocial Information

1. Assessment of Relationships

- Identify the individual(s) who is raising the client.
- Describe the current relationship the client has with that person.
- Describe the client's relationship with the parent if different from above.
- Describe the client's perception of the P/G's relationship with sibling(s).
- Describe the client's perception of the response of the P/G to the sibling's pregnancy and/or child (ren).

2. Support Systems and Use of Time

- Ask client to identify the most significant person(s) in her/his life and describe the contribution(s).
- Find out who currently helps the client and in what way(s).
- Discuss the client's friends and peer group and describe what they do together after school, in the evening and on the weekend.
- Ask the client what s/he likes to do the most.
- Describe volunteer activities and their frequency.
- Describe the client's perception of reading enjoyment and ability and any related problems s/he may have.
- Check whether the client watches TV and /or listens to music. If Yes, describe how much time is spent and what programs/types of music or groups are preferred.
- Check whether the client plays video games, how much time is spent and where.

3. Client's Role in Family and Perception of Teen Parenting

- Ask the client to describe how their sibling's pregnancy and/or child have impacted his/her life and household. Give details.
- Ask client to describe what being a parent means to him/her.
- Have client identify friends who are parenting.
- Ask the client to describe her/his feelings if s/he learned they were going to be a parent now? later? At what age would they want to become a parent and why?

4. Boyfriend/Girlfriend

- Check if client is romantically involved. If Yes, continue. If No, skip to next section.
- Ask the client to describe the extent of the romance including length of the relationship, positive and less desirable aspects about the relationship. If abuse is involved, does the client know where to seek help?

III. Sexuality

1. Sexual Activity & Family Planning

- According to the client, what does sexual activity consist of?

- Ask client to describe thoughts, feelings and expectations regarding sexual activity.
- Ask the client to describe past and current sexual activity and age at first experience.
- Ask client about sexual activity during the past month. Try to determine if what was reported is typical sexual activity for the client and whether pressure was involved.

2. Female Clients only

Check all that apply. If yes, explain.

3. Male Clients only

Check all that apply. If yes, explain.

4. Use of Birth Control

- Does client use birth control? If yes continue. If No and sexually active, explain reasons for not using birth control. If No and NOT sexually active, skip to next section.
- Describe birth control type, consistency and success of present and past methods used. Discuss client and partners comfort with methods used, feelings and interest in learning about other methods.
- Identify name, location and telephone number of provider.
- Add any pertinent comments.

IV. Education * Employment * Legal

1. Education

- Current enrollment in school, name and address of school, type of program i.e. special education, independent study, grade i.e. note if grade is appropriate for age, frequency of attendance i.e. does client attend all classes, select classes, truant.
- State projected date of graduation and check from which level of school.

1. Education (continued)

- State approximate date client dropped out and, indicate if it is official.
- Explore reasons client does not attend school.
- Explore whether client is in need of Re-entry assistance and provide details.
- Check if client needs advocacy and/or curriculum counseling and explain.
- Ask client to complete the sentence and describe perceptions of school i.e. experiences, likes and dislikes, and favorite school staff person.
- State name and city of each school client has attended in the last 4 years.
- Check all Special needs that apply i.e. mobility, seizures etc.
- If client has identified “Special needs”, determine if they need assistance locating an educational program.
- Determine extent of family encouragement for education and describe how.
- Identify who is at home after school to provide supervision and insure safety.

- Explore client's short term and long term goals and aspirations.

2. Career/Employment

- Determine and explore client's short-term career/education interests.
- Circle if client is currently looking for employment. If Yes and under 16, do they have a valid work permit.
- What kind of employment preparation and experience (past and Present) has the client had, explain.
- Explore current job training interests.
- Determine client's long term career interests and describe input from household members.
- If currently employed, determine current employment type, start date, schedule, and any problems coordinating school schedule.

3. Legal

- Determine client and client's family's past and present involvement with the justice system and Child Protective Services. Provide details and time frames of involvement; include name of Probation officer.

V. Health

1. General Health (You may need to get some of the information from the Parent)

- Obtain client's medical history to include Emergency Room visits, hospitalizations, presence of disabilities, long term illnesses, significant family history that could impact the client i.e. diabetes, bleeding disorders. Include dates of diagnosis and immunization history.
- Provide medical insurance carrier, health care provider, frequency and date of last visit and why.

1. General Health (continued)

- Describe sleep habits and any difficulties.
- Describe attitude(s), type(s), frequency and amount of physical exercise i.e. team sports, marching band etc. Explain.
- Describe vitamin/mineral supplements i.e. iron, vitamin C, body building nutrition, vitamin fortified drinks and any medications taken. Determine if this has health care provider approval.
- Determine frequency of minor illness and type. Does client take medications for these, if so, what, i.e. over the counter, prescription or home remedies? Identify if health care provider is aware of medications/remedies.
- Obtain name of Dental Insurance carrier/provider and frequency and date of last visit.

2. Nutrition

- Record the client's current height and weight.
- Ask client to describe food consumed over the last 24 hours. Ask her/him to detail what is usually eaten.
- Does the client have special dietary needs i.e. diabetes, allergies, milk intolerance. Explain.
- Determine past and present history of dieting and explain when, type of diet and how long.
- Determine whether bingeing and purging are behaviors for this client and explain.
- Check the meals usually eaten, foods and beverages consumed daily and determine type, frequency and quantity of

junk food consumption i.e. McDonald's, Kentucky Fried Chicken, Pizza Hut, chips, candy, soda etc. This would include eaten at the place of purchase or taken out.

- Include any pertinent health and nutritional comments.

3. Sexually Transmitted Infections (STI)

- Explore client's knowledge and source of information about STI and HIV testing, signs and symptoms of STI's. HIV and AIDS, include client's history of STI's and treatment. Include all pertinent information.

4. Substance Abuse

- Write the age when the client first used drugs and/or alcohol. Indicate when client's last use was, how much, and current use. Provide any comments concerning drug and alcohol use in the spaces provided. Include tobacco use and exposure to second hand smoke. Identify how often and where. Include treatment under comment section.
- Determine client's Peers drug use, specify type, frequency and circumstances of use.
- If client has used drugs, ask them to complete the sentences.

5. Mental Health

- Circle the appropriate answer. If yes, indicate dates, problems, resolution and whether currently in counseling.
- Determine client's perception of self, description of the best and worst experience of her/his life, problem-solving strategies.
- Describe periods of too much or too little sleep, excessive or loss of appetite and circumstances when this occurred.
- Describe client's feelings of loneliness, self worth, suicidal ideation, self-abuse, abuse by others and extent of these feelings and behaviors.
- Determine client's feelings about harming others. If yes, describe how and what was done or how it was prevented.
- Add any pertinent mental health comments.

6. Safety, Abuse and High Risk Behavior

- Does client feel safe with significant others, in the neighborhood and school, explain.
- Circle appropriate answer. If client has run away AND/OR been homeless, explain.
- Circle appropriate answer. If client or significant others claim (belong to a gang), explain.
- Explore physical, emotional and sexual abuse. Provide details of incident(s), intervention, outcome and date(s).
- Explore whether client has history of violent behavior. If yes, describe incident(s), intervention and outcome.
- Determine if client has used sex as a survival tool. If yes, explain.

VI. Parent/Guardian (Administer separate from Client Assessment)

**At the top of the page, record the following:
Record client Lodestar number**

Check appropriate box(es)

1. Questions Concerning the Client

- Determine Parent's aspiration for the client and perception of their relationship.

2. General Family Issues and Relationships

- Determine parent's feeling and attitudes about their own parenting and impact of the teen parent on the family. Include feelings about other children becoming minor parents.
- Ask parent to complete the sentences, Case Manager to record responses in parents' own words.
- Describe the kinds of activities the parent participates in with the client and their involvement with activities/school. Explain.
- Determine parental support system and describe.

3. Two-Parent Family

- Indicate primary disciplinarian and/or each parent's role in discipline and the client's life.

4. Single-Parent Family

- Explain the non-custodial parents' role in the child's life. Is this perceived as adequate?
- What is the custodial parent's relationship with the client and who is the primary disciplinarian (extended family)?
- Include any additional pertinent comments.

Signature of Case Manager _____ **Completion Date** ____/____/____